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IS NEGATIVE THINKING RELATED TO LOW SELF-ESTEEM AND DEPRESSION IN LOW-INCOME SINGLE MOTHERS IN LABETTE COUNTY, KANSAS?

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A Thesis Submitted to the Graduate School of Nursing
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I want to thank my Lord and Savior Jesus Christ for giving me the grace to take this journey, remembering always, "If I speak the tongues of men and of angels, but have not love, I am only a resounding gong or a clanging cymbal. If I have the gift of prophecy and can fathom all mysteries, and all knowledge, and if I have a faith that can move mountains, but have not love, I am nothing. If I give all I possess to the poor and surrender my body to the flames, but have not love, I gain nothing.

Love is patient, love is kind. It does not envy, it does not boast, it is not proud. It is not rude, it is not self-seeking, it is not easily angered, it keeps no record of wrongs. Love does not delight in evil but rejoices with the truth. It always protects, always trusts, always hopes, always perseveres. *Love never fails* (NIV, 1992, p.1281)."

To the women who participated in this study, thank you for your time and patience. You are beautiful and brave. You brought purpose, heart, and profound meaning to the scope of this research study. I will not forget you.

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unconditional love and support, and for turning my frowns into smiles. I look forward to spending time with you again.

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Lastly, I owe a big debt of gratitude to my pastors, Wayne and Evelyn Bateman. You live and breathe your faith in Jesus Christ. Thank you for stirring my passion to help others.

"And now these three remain: faith, hope, and love. But the greatest of these is love (NIV, 1992, p. 1281)."

IS NEGATIVE THINKING RELATED TO LOW SELF-ESTEEM AND DEPRESSION IN LOW-INCOME SINGLE MOTHERS IN LABETTE COUNTY, KANSAS

An Abstract of the Thesis by
Linda Forbes

The purpose of this descriptive, correlational research study was to determine if negative thinking was related to low-self esteem and depression in low-income single mothers in Labette County, Kansas. Targeting the symptom of negative thinking, might break the link of low self-esteem with depressive symptoms in low-income single mothers. The results can be improved mental health of the mother and improved physical and mental health of her children (Peden, Rayens, Hall, & Bebe, 2000; Peden, Rayens, Hall, and Grant, 2004).

Data for this research study was collected from December, 2005 to February, 2006 from a convenience sample of 55 single mothers from the Labette County Health Department and the Labette Community College. Each woman completed the Beck Depression Inventory – ® II, the Crandell Cognitions Inventory, the Rosenberg Self-Esteem Scale, and a demographics questionnaire.

The results of this research study indicated that 38% of the sample scored ≥14 on the Beck Depression Inventory – ® II, and 25 % of the sample scored in the moderate to severe depressive range of the BDI – ® II. The research variables were strongly correlated with each other, demonstrating that negative thinking may be related to low self-esteem and depression in low-income single mothers in Labette, County, Kansas.

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CHAPTER I

INTRODUCTION

Higher levels of chronic stress and early childhood adversities reported by single-mothers are related to single parenthood and depression (Cairney et al., 2002; Wang, 2003). Lack of social support and self-esteem are also more common among single-mothers (Peden et al., 2000). Single mothers are more likely to have major depressive syndrome and to visit mental health professionals for mental health problems than married mothers (Wang, 2003).

Young children growing up in low-income or poor mother-headed families are vulnerable to adverse life experiences. Depressive symptoms in low-income mothers negatively affect infant-toddler development (Beeber, Holditch-Davis, Belyea, & Funk, 2003). Mothers that have low self-esteem and poor coping behaviors with child care are more likely to use punitive discipline, and exercise ill-tempered, harsh, and unsupportive parenting (Olson et al., 2002). Clinicians should consider maternal depression when treating children with behavior problems (Gartstein & Sheeber, 2004).

Increased attention for screening mothers for psychiatric mental health symptoms, and for negative experience in mothers' families of origin may provide important opportunities for clinicians to intervene in the lives of these vulnerable women (LeCuyer-Maus, 2003). It has also been found that a negative view of the future may be an antecedent of depression (Alford, Lester, Patel, Buchanan, &

Giunta, 1995). For individuals vulnerable to depression, negative mood may lead to distorted thinking that can precipitate depression (Miranda, Gross, Persons, & Hahn, 1998).

Negative thinking is important in the development of depressive symptoms in at-risk women, and has been shown to mediate in the area of low self-esteem on depressive symptoms (Peden et al., 2004). Targeting the symptom of negative thinking, may break the link of low self-esteem with depressive symptoms in low-income single mothers. The results can be improved mental health of the mother and improved health of her children (Peden et al., 2000; Peden et al., 2004).

Since having a positive outlook is significantly associated with less mental symptoms and is significantly associated with greater life satisfaction (Chang, 2002), understanding the effect of negative thinking on single mothers' mental health is important. Self-esteem is difficult to influence positively through a cognitive-behavioral group intervention (Pedan et al., 2000). However, in a study by Peden et al. (2000) negative thinking was shown to respond positively to cognitive interventions in a sample of college students. Therefore, negative thinking may be more responsive to change than the chronic stressors of poverty and depression (Peden et al., 2004).

Background and Significance

Labette County, Kansas. Labette County, Kansas is located in southeast Kansas (SEK). Southeast Kansas as a whole has experienced economic hardships and a decrease in total populations over the past decade of nearly 12% (Census,

2000). The percentage of low income families in SEK is 48%, and the percentage of children living in poverty in SEK is 23%. Forty-eight percent of children in SEK are eligible for free and reduced cost lunches. The high school dropout rate in SEK is 17%, which exceeds both state and national averages. Eighty-seven percent of adults in SEK do not have a four-year college degree.

Thirty-one percent of all children in SEK live in single-parent homes. There are also high rates of crime, drug and alcohol abuse, and domestic violence, which put mothers and their children at increased risk in SEK (Byrd, 2004). According to the U.S. Bureau of Census 2000, 31.3% of single-family homes in Labette County, Kansas with women as the heads of households are below the poverty level (Census, 2000). Of the 31.3% under the poverty level, 39.2 % represent children less than eighteen years of age, and 50.9% represent children less than five years of age (Census, 2000).

For school-aged children in Labette County, Kansas, only 72.8% of kindergartners are fully immunized by age two (Kids Count, Kindergartners, 2002), and 35.3% are eligible for free school meals (Kids Count, 2004). Labette County ranks 99 out of 105 (0-best, 105-worst) counties in Kansas in having kindergartners fully immunized by age two (Kids Count, Kindergartners, 2002). In providing free school meals for children, Labette County ranks 87 out of 105 (0-best, 105-worst) counties in Kansas (Kids Count, 2004).

Births to mothers with less than a high school degree in Labette County, Kansas in 2002 were 24.2% ranking it 83 out of 105 (0-best, 105-worst) counties in Kansas (Kids Count, Births, 2002). Substantiated child abuse and neglect rates

per 1,000 children in Labette County in 2002 were 35.5, ranking it 104 out of 105 (0-best, 105-worst) counties in Kansas (Kids Count, Substantiated 2002). For the state of Kansas, married adults were generally found to be healthier than adults in other marital status categories (Kansas (KSHR), 2005).

Higher levels of chronic stress and early childhood adversities reported by single-mothers are related to single parenthood and depression (Cairney et al, 2003; Wang, 2003; Olson et al, 2002). Young children growing up in low-income or poor mother-headed families are vulnerable to adverse life experiences.

Depression ranks third among the top fifteen most expensive medical conditions. Expenditures for mental disorders nearly doubled between 1987 and 2000. There is a relationship between a negative picture of self and the onset of depression (Anderson & Skidmore, 1995). According to the World Health Organization, mental illness tops all other diseases as a cause of disability in the United States, Canada, and Western Europe, accounting for 25% of all disability (Bilchik, 2004).

The state of Kansas has established priorities for mother's and children's health for 2000-2005 (Priorities, 2000). Priority eight addresses the need for mental health and substance abuse services. Since having a positive outlook is significantly associated with less negative mental symptoms and is significantly associated with greater life satisfaction (Chang, 2002), understanding the effect of negative thinking on single mothers' mental health is important.

Negative thinking may prove easier to measure and define, and this may facilitate the development of cognitive therapies that target negative thinking in

single mothers in Labette County, Kansas. Hopefully, this may result in the improved mental health of mothers and children (Peden et al., 2004), which is in agreement with the State of Kansas Priorities for 2000-2005 (Priorities, 2000).

Significance to nursing

Negative thinking may be a factor in the development of depressive symptoms in low-income single mothers, and decreasing negative thinking may have a positive effect on the mental health of both the mother and the children (Peden et al, 2004). Self-esteem is difficult to influence positively through a cognitive-behavioral group intervention (Peden et al., 2000). However, negative thinking has been shown to respond to cognitive interventions in other samples (Peden et al., 2000). Negative thinking may be more responsive to change than the chronic stressors of poverty and depression (Peden et al, 2004), and provide an opportunity for advanced practice nurses to effectively intervene with cognitive therapies that target negative thinking. Therefore, it is important to know if negative thinking is related to low self-esteem and depression in low-income single mothers in Labette County, Kansas.

Theoretical Framework

In Nursing: The Philosophy and Science of Caring, Watson's (1985) *Carative Factors* provide the lens to view negative thinking, and serves as the theoretical framework for this study. The carative factors are essential for understanding individuals with a negative thinking. People need to communicate their feelings without feeling defensive and with understanding and support for their expression (Watson, 1985). Since having a positive outlook is significantly

associated with less negative mental symptoms and is significantly associated with greater life satisfaction (Chang, 2002), understanding how to interact and communicate with those that think negatively is important.

Statement of the Problem

In addition to the high percentage of children living in poverty and single family homes in Labette County, Kansas, as well as the increase in teenagers becoming single parents, there are high rates of alcohol and substance abuse, related crimes, and domestic violence, which have created an environment of enormous risk to the children residing in Southeast Kansas (Byrd, 2004). For individuals vulnerable to depression, negative mood may lead to distorted thinking that can precipitate depression (Miranda et al., 1998). Since negative thinking has been shown to intervene in the area of low self-esteem on depressive symptoms (Peden et al., 2004), it is important to understand if negative thinking is related to low self-esteem and depression in low-income single mothers in Labette County, Kansas.

Purpose of the Study

The purpose of this study is to determine if negative thinking is related to low-self esteem and depression in low-income single mothers in Labette County, Kansas.

Research Questions

1. Is there a relationship between the depression score on the Beck Depression Inventory II (BDI – ® II) (Beck, A. T., Steer, R. A., & Garbin, M. G., 1988) and the negative thinking score on the

Crandell Cognitions Inventory (CCI) (Crandell & Chambless, 1986) in low-income single mothers with at least one child residing with them in Labette County, Kansas?

2. Is there a relationship between the self-esteem score on the Rosenberg Self-Esteem Scale (RSE) (Rosenberg, 1989) and the negative thinking score on the CCI in low-income single mothers with at least one child residing with them in Labette County, Kansas?

Research Variables

Negative thinking score on the CCI

Negative thinking lacks positive, affirmative, or constructive features of thinking. It is an element that is the counterpoint of the positive: "Life is full of overwhelming odds (Answers, 2000)." Negative thoughts in depression are generally about one of three areas: negative view of self, negative view of the world, and negative view of the future (Beck, 1970; Answers, 2004; Cognitive Therapy, 2005; Peden et al., 2000, Peden et al., 2004).

The 45-item Crandell Cognitions Inventory (CCI) (Crandell & Chambless, 1986) is used to measure negative thoughts. Only the 34 negative self-statements are scored. The 11 positive buffer items are not counted. Negative self-statements are rated for frequency of occurrence from almost never (1) to almost always (5). Total scores ranges from 34 to 170, with higher scores indicating a higher frequency of depressive or negative thinking.

Related To

The term "related to" in this study infers a connection or an association between negative thinking, low self-esteem, and depression.

Self-esteem score on the RSE

Low self-esteem results in feelings of low self-worth and low self-respect (Peden et al., 2004). The RSE is a 10 item Likert scale with items answered on a four point scale (0 to 3) from strongly agree to strongly disagree. The RSE is used to measure self-worth and self-acceptance with potential scores ranging from 0 (most negative) to 30 (most positive).

Depression score on the BDI ® - II

Depression is a mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration (World, 2005). The Beck Depression Inventory (BDI ® - II) is a 21 item self-report scale measuring characteristic attitudes and symptoms of depression (Beck et. al., 1988). Each item consists of four statements, scored from *no symptoms (0)* to *severe distress (3)*. For this scale, a higher score indicates greater depressive symptoms.

Low-Income

The single mothers' income must be at or below the United States Department of Health and Human Services (HHS) 2005 poverty guidelines (United, 2005).

Single-Mothers

The single mothers must reside in Labette County, Kansas and be at or

below the United States Department of Health and Human Services (HHS) 2005 poverty guidelines (United, 2005). Additional inclusion criteria are that the mothers are not currently receiving psychiatric care or counseling, are not taking antidepressant medication, and are not currently pregnant.

Conceptual Definition

Negative thinking lacks positive affirmative or constructive features of thinking. It is an element that is the counterpoint of the positive, "Life is full of overwhelming odds." Negative thoughts in depression are generally about one of three areas: negative view of self, negative view of the world, and negative view of the future (Beck, 1970; Answers, 2004; Cognitive Therapy, 2005; Peden et al., 2000, Peden et al., 2004).

General Assumptions

The following are assumptions of the study:

1. The participants will be truthful in answering the questions
2. The instruments are valid and reliable to determine depression, low self-esteem, and negative thinking.
3. The data will show a relationship between the BDI - II and the CCI.
4. The data will show a relationship between the RSE and the CCI.
5. The research data will show that negative thinking may be related to low self-esteem and depression in low-income single mothers in Labette County, Kansas.

Summary

Negative thinking is a factor in the development of depressive symptoms in low-income single mothers (Peden, 2004). Decreasing negative thinking may have a positive effect on the mental health of both mothers and the children (Peden et al., 2004). Self-esteem is difficult to influence through a cognitive-behavioral group intervention (Peden et al., 2000), however negative thinking has been shown to respond to cognitive interventions in other research subjects, and be more amenable to change than the chronic stressors of poverty and depression (Peden et al., 2000; Peden et al., 2004). This provides an opportunity for health care providers to intervene with cognitive therapies that target negative thinking. Therefore, it is important to know if negative thinking is related to low self-esteem and depression in low-income single mothers in Labette County, Kansas.

In Chapter II the concepts of negative thinking, low-self esteem, depression, low-income single mothers, and Labette, County Kansas are explored through a review of the literature. Watson's (1985), *The Philosophy and Science of Caring*, serves as the theoretical framework for this study, and provides the lens to view negative thinking. Watson's (1985) carative factors are valuable tools to assist nurses in understanding and designing appropriate nursing interventions that target the negative thinking process in low-income single mothers in Labette County, Kansas.

CHAPTER II

LITERATURE REVIEW

Poverty and chronic stress among low-income, single mothers place them at high risk for poor mental health, particularly for subclinical depressive symptoms, which can also have a negative influence on their children (Beeber et al., 2003; Cairney et al., 2003; Olson et al., 2002; Peden et al., 2000, Peden et al., 2004; Wang, 2003). It is important to understand the effects of negative thinking, since it is a component of depressive thinking and low self-esteem.

Negative thinking has been shown to respond to cognitive interventions, while self-esteem has been found difficult to change (Peden et al., 2000). Therefore, understanding if negative thinking relates to low self-esteem and depression in low-income single mothers in Labette County, Kansas is important. The review of literature will give a background of information on negative thinking, low-self esteem, depression, low-income single mothers, and Labette, County Kansas.

Review of Literature

Nursing: The philosophy and science of caring. In Nursing: The philosophy and science of caring, Watson (1985, p.24) suggests "that the quality of one's relationship with another person is the most significant element in determining helping effectiveness, and that the communication encounter between the nurse and patient is one of the most crucial therapeutic tools for delivering

care." "Nurses who are proficient at interpersonal skills are able to produce desirable and valued health outcomes in their communication with other people. Thus, the patients who have had good interpersonal relationships with their nurses show signs of high-quality care (Watson, 1985, p. 25)."

Watson defines nursing's core as the aspects of nursing that are intrinsic to the actual nurse-patient process that produces therapeutic results in the person being served. When nursing's core is organized according to the *carative factors,* relevant to the philosophy and science of caring, Watson believes the whole of nursing seems better ordered for studying. Such organization helps to identify the carative factors as the basic foundation for nursing practice (Watson, 1985).

The carative factors are defined as (Watson, 1985):

1. *The formation of a humanistic-altruistic system of values.* The formation of a humanistic-altruistic system of values involves developing a philosophy that guides your life, and guides you to receive satisfaction through giving. A humanistic-altruistic system of values encourages you to accept human differences, and view others as they see themselves rather than how you see them.
2. *The instillation of faith-hope.* The instillation of faith-hope is the second carative factor, and Dr. Watson believes it enhances the other carative factors. Faith-hope has traditionally been important in relieving the symptoms of illness in various forms of belief systems. Miracles of faith appear often in the Bible. Faith and hope carry people through difficult health situations, especially when other methods of health care fail.

3. *The cultivation of sensitivity to one's self and to others.* The cultivation of sensitivity to one's self and to others provides the foundation for empathy. Those who are not sensitive to their own feelings find it difficult to be sensitive to the feelings of others. Watson believes being genuine with yourself and others is the foundation for integrity.
4. *Development of a helping-trusting, human caring relationship.* The development of a helping-trusting, human caring relationship is a fundamental element of quality nursing care. To develop this relationship, the nurse must first get to know the other person, which includes how that person views him or herself and the world.
5. *Promotion and acceptance of the expression of positive and negative feelings.* Promotion and acceptance of the expression of positive and negative feelings begins with the nurse understanding and recognizing contradictions in the patient's thoughts and feelings that can lead to anxiety, stress, confusion, or even fear. Patients should be able to express both positive and negative feelings without feeling defensive and with understanding and support for the expression. Feelings can and do change thoughts and influence behavior. The nurse must be accepting of both positive and negative feelings in the patient.
6. *The Systematic use of a scientific problem-solving method for decision making.* The systematic use of a scientific problem-solving method for decision making is necessary for gathering patient data.

7. *The Promotion of interpersonal teaching-learning.* This is important to reduce stress, fear, and anxiety. The nurse should assess the patient's
8. affect, perceptions, readiness, personal meaning, behavior, and past experiences all influence the ability to learn.
9. *The provision for a supportive, protective, and/or corrective mental, physical, societal, and spiritual environment.* The provision for a supportive, protective, and/or corrective mental, physical, societal, and spiritual environment is important for the patient's welfare. The nurse must make an effort to see the correlations between potentially stressful events and the patient's symptoms, and to learn the importance of these events for the person. It's essential for nurses to provide comfort, safety, and clean-esthetic surroundings.
10. *The assistance with gratification of human needs.* The assistance with gratification of human needs is based on Maslow's hierarchy of needs. The patient's physiological, safety, love and belongingness, esthetics, the need to know and understand and self actualization need to be assessed in order for the nurse to correctly ascertain the patient's needs.
11. *The allowance for existential-phenomenological forces.* The allowance for existential-phenomenological forces allows for the identification and separateness of each person. This carative factor rests on the personal, subjective experience of the person as the foundation for understanding.

"The carative factors are important for understanding individuals with negative thinking. People need to express feelings without feeling defensive and

with understanding and support for their expression (Watson 1985, p. 47)." Nursing theories and practice are developed around human differences. Since therapeutic interventions and the development of a helping, trusting relationship focus on the patient's feelings, the carative factors have been identified by Watson (1985) as part of nursing's core.

Watson (1985, p. 42-43) "believes that intellectual understanding and emotional understanding of the same information are quite different. An inconsistency between thoughts and feelings can lead to anxiety, stress, confusion, and fear. It may alter understanding, influence attitudes, and affect behavior. In an interpersonal situation both cognition and affect operate. Cognitions about a topic or health-illness event and the related feelings may explain whether people communicate smoothly, listen to each other, and establish rapport and trust with each other."

A focus on one's feelings, which Watson considers the "nonrational" emotional aspect of an event is most appropriate for nurses engaged in caring behaviors. A focus on thoughts and beliefs in regard to health and wellness has been the focus of nursing, but dealing with emotional responses has often been neglected. Watson (1985) believes that feelings alter thoughts and behavior and need to be included in a caring relationship.

Watson (1985) believes the affective or emotional component is central to understanding behavior and its meaning. Feelings greatly affect behavior and thoughts, and can produce irrational, impulsive results. How a person thinks or acts may be guided by emotions they don't understand or even recognize. An

awareness of one's feelings may reduce some of the irrational components of feelings, and provide more control over thoughts and behavior.

Individuals with negative thinking will have feelings and actions inconsistent with sound judgment. Acceptance of these individual's feelings in a nonjudgmental, open and caring manner is important in establishing a relationship between the nurse and individual with a negative view. Important to Dr. Watson's theory of human caring is the concept of transpersonal caring which "acknowledges unity of life and connections that move in concentric circles of caring - from individual, to others, to community, to world, to planet earth, to the universe (Watson, 2005, p. 1)." A transpersonal caring relationship signifies a special kind of human care relationship, which embodies a high regard for the whole person, and caring, which is the moral ideal of nursing (Watson, 1985).

"A transpersonal relationship depends on a moral commitment to protect and enhance human dignity, and allow the person to determine his own meaning. The nurse's intent should be to affirm the subjective significance of the person. It's important for the nurse to assess and realize another's condition of being in the world and to feel a union with another. The subjectivity of the patient is assumed to be as whole and as valid as that of the nurse. Mutuality, therefore, is a moral foundation of nursing. The nurse's own life history and previous experience adds to the transpersonal relationship as well (Watson, 1985, p. 64)."

Another important concept to human caring theory is the caring occasion which occurs when the nurse and person come together with their unique life histories and engage in a human care transaction. This caring occasion or moment

can go beyond itself and be integrated into the lives of the person and the nurse, becoming part of the life history of each persona as well as part of some larger, deeper, complex pattern of life (Watson, 1985).

Watson's (1985) carative factors provide the lens to view negative thinking, and transpersonal caring and the caring moment set the tone for the effective use of the carative factors. Watson's philosophy and science of caring provides the framework to understand and intervene in the negative thinking of low-income single mothers in Labette County, Kansas.

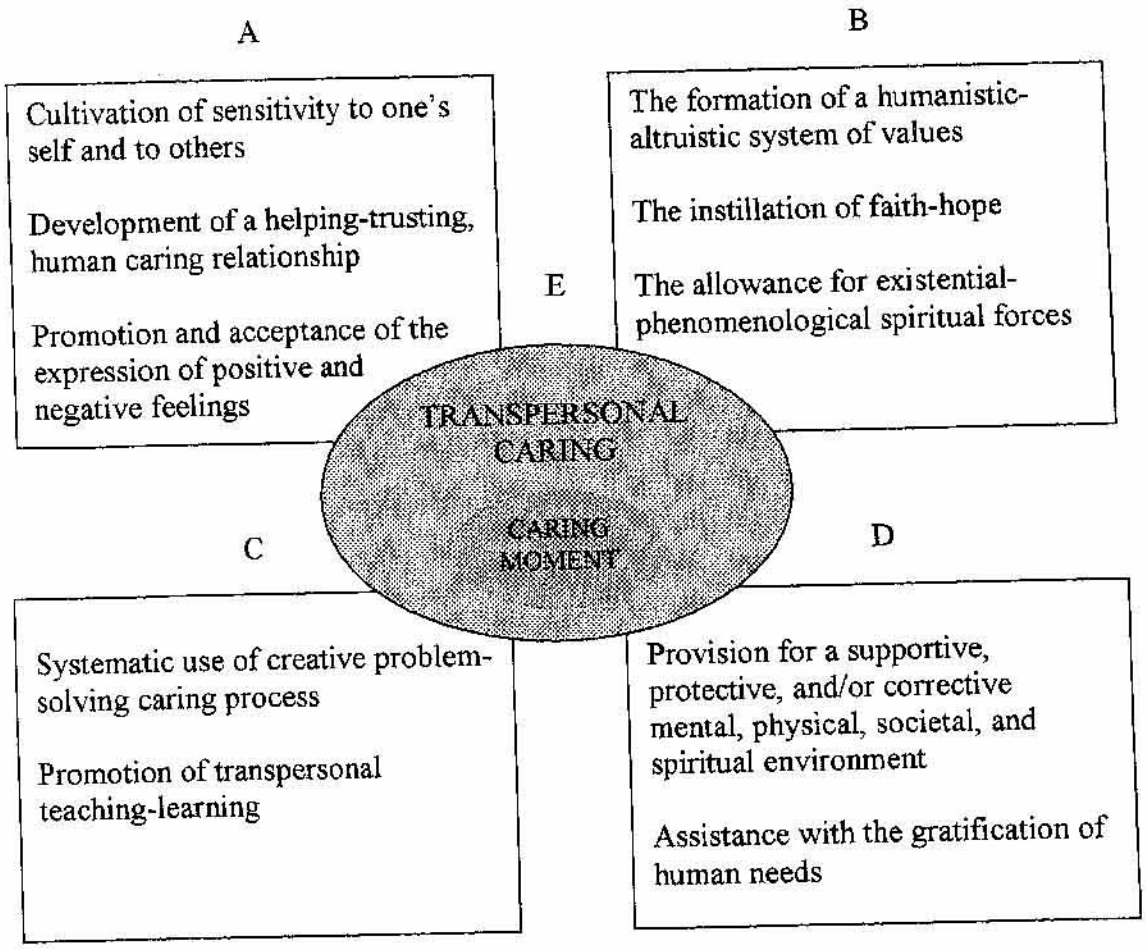

Figure 1. Theoretical Framework: Is Negative Thinking Related to Low Self-Esteem and Depression in Low-Income Single Mothers in Labette County, Kansas?

Negative thinking. Negative thoughts in depression generally include a negative view of self, a negative view of the world, and a negative view of the future. These comprise the cognitive triad (Beck, 1970; Cognitive Therapy, 2005). Negative thinking dominates perceptions and maintains depressed moods, thus potentiating depressive symptoms. It has also been found that a negative view of the future may precede depression (Alford et al., 1995). Those who focus on adverse life events, and constantly think negatively about these adverse events, are at particularly high risk for developing episodes of major depression (Robinson & Alloy, 2003). For individuals vulnerable to depression, negative mood may lead to distorted thinking that can precipitate depression (Miranda, et al., 1998).

A person's ability to respond to economic and family hardships can be adversely affected by negative thinking because of the accompanying depressive symptoms that are associated with negative thinking (Peden et al., 2004). Major depression accounts for 48% of the total lost productive time among those with depression in the United States and a major part of this cost is due to reduced performance while at work (Stewart, Ricci, Chee, Hahn, & Morganstein, 2003).

Depression. The World Health Organization (2005) states that depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. These problems can be chronic or recurrent and lead to substantial impairments in an individual's ability to take care of common every day responsibilities.

Depression ranks third among the top fifteen most expensive medical conditions. Expenditures for mental disorders nearly doubled between 1987 and 2000. A relationship between a negative picture of self and depression has been established (Anderson & Skidmore, 1995). According to the World Health Organization, mental illness tops all other diseases as a cause of disability in the United States, Canada and Western Europe, and accounts for 25% of all disability (Bilchik, 2004).

Self-esteem. Self-esteem is defined as a sense of one's own dignity or worth, and low self-esteem has been identified as a factor in the development of depression in women (Brown, Andrews, Harris, Adler, & Bridge, 1986). Single mothers who experienced adverse life events, had low self esteem, and low social support had the greatest risk for a chronic depressive episode lasting a year or more (Peden et al., 2004).

In women, low self-esteem and negative thinking have been identified as predictors for the later development of depression. Negative thinking, a common, debilitating symptom of depression dominates the individual's perceptions and maintains depressed moods. Increased attention to screening mothers for psychiatric mental health symptoms, and for negative experience in mothers' families of origin may also provide important opportunities for clinicians to intervene in the lives of women vulnerable to depression (LeCuyer-Maus, 2003).

Single mothers. Single mothers are more likely to have major depressive syndrome, and to visit mental health professionals for mental health problems

than married mothers (Wang, 2003). Lack of social support and low self-esteem are also more common among single-mothers.

Low-income. Poverty and chronic stress among low-income, single mothers place them at thigh risk for poor mental health, particularly for subclinical depressive symptoms, which can also have a negative influence on their children (Peden et al., 2004). Single mothers relate higher levels of chronic stress and early childhood adversities to single parenthood and depression (Cairney et al., 2003; Olson et al., 2002; Wang, 2003).

Children. Young children growing up in low-income or poor mother-headed families are vulnerable to adverse life experiences. Depressive symptoms in low-income mothers have been shown to negatively affect infant-toddler development (Beeber et al., 2003). Mothers that have low self-esteem and poor coping behaviors with child care are more likely to use punitive discipline, and exercise ill-tempered, harsh, and unsupportive parenting (Olson et al., 2002). Data suggests that clinicians should consider maternal depression when treating children with behavior problems (Gartstein & Sheeber, 2004).

Labette County, Kansas. Labette County, Kansas is located in southeast Kansas (SEK). Southeast Kansas as a whole has experienced economic hardships and a decrease in total populations over the past decade of nearly 12% (Census, 2000). The percentage of low income families in SEK is 48%, and the percentage of children living in poverty in SEK is 23%. Forty-eight percent of children in SEK are eligible for free and reduced cost lunches. The high school dropout rate in SEK is 17%, which exceeds both state and national averages. Eighty-seven

percent of adults in SEK do not have a four-year college degree. Thirty-one percent of all children in SEK live in single-parent homes. There are also high rates of crime, drug and alcohol abuse, and domestic violence which put mothers and their children at increased risk in SEK (Byrd, 2004).

Methamphetamine is a principal drug threat to Kansas, primarily because of the drug's ready availability as well as the violence and environmental harm that often result from its production and abuse. The number of methamphetamine laboratories seized in Kansas more than quadrupled from 1998 through 2001, and many law enforcement agencies report that they are witnessing an adverse environmental impact from the presence of methamphetamine laboratories (Kansas Drug Threat Assessment, 2003). This increase in drug abuse and availability poses an increased risk to single mothers and their children who often live in poverty where drug use, availability, and trafficking are high.

According to the United States Bureau of Census (2000), 31.3% of single-family homes in Labette County, Kansas headed by women are below the poverty level. Of the 31.3% under the poverty level, 39.2 % represent children less than eighteen years of age, and 50.9% represent children less than five years of age.

For school-aged children in Labette County, Kansas, only 72.8% of kindergartners are fully immunized by age two (Kids Count, Kindergartners, 2002), and 35.3% are eligible for free school meals (Kids Count, 2004). Labette County ranks 99 out of 105 (0-best, 105-worst) counties in Kansas in having kindergartners fully immunized by age two (Kids Count, Kindergartners, 2002). In providing free school meals for children, Labette County ranks 87 out of 105

(0-best, 105-worst) counties in Kansas (Kids Count, 2004).

Births to mothers with less than a high school degree in Labette County, Kansas in 2002 were 24.2% ranking it 83 out of 105 (0-best, 105-worst) counties in Kansas (Kids Count, Births, 2002). Substantiated child abuse and neglect rates per 1,000 children in Labette County in 2002 were 35.5 ranking it 104 out of 105 (0-best, 105-worst) counties in Kansas (Kids Count, Substantiated 2002). For the state of Kansas, married adults were generally found to be healthier than adults in other marital status categories (KSHR, 2005).

Summary

Negative thinking is important in the development of depressive symptoms in at-risk women. Targeting the symptom of negative thinking, which can be modified (Peden et al., 2000), may break the link of low self-esteem with depressive symptoms in low-income single mothers. The results can be improved mental health of the mother and improved health of her children (Peden et al., 2004). Understanding the effects of negative thinking on single mothers' mental health is important, since having a positive outlook is significantly associated with less mental symptoms, and is significantly associated with greater life satisfaction (Chang, 2002).

Self-esteem has been shown to be difficult to influence through a cognitive-behavioral group intervention (Pedan et al., 2000). However, negative thinking has been shown to respond to intervention in college women (Peden et al., 2000). Assessing whether negative thinking relates to low self-esteem and depression in low income single mothers is important for the future evaluation

and support of this at risk single-parent population in Labette County, Kansas.

In Chapter III the study methods, procedures and results are discussed. The results indicate that negative thinking relates to low self-esteem and depression in low-income single mothers. Depressive symptoms interfere with parenting and participation in educational and employment opportunities, and significantly undermine the quality of life in the families of low-income single mothers.

CHAPTER III

METHODOLOGY

This study examines whether negative thinking relates to low self-esteem and depression in low-income mothers in Labette County, Kansas. Negative thinking is important in the development of depressive symptoms in at-risk women, and has been shown to mediate in the area of low self-esteem on depressive symptoms (Peden et al., 2004). Targeting the symptom of negative thinking, which can be modified (Peden et al., 2000), might break the link of low self-esteem with depressive symptoms in low-income single mothers. The results can be improved mental health of the mother and improved health of her children (Peden et al., 2004).

Methods

Design of the Study

Data for this descriptive correlational research study was collected from December 2005 to February 2006 from a convenience sample of single mothers from the Labette County Health Department and the Labette Community College. To establish that negative thinking mediates the effect of low-self esteem on depression in low-income single mothers in Labette County, Kansas, it was necessary to determine the following:

1. Is there a relationship between the depression score on the Beck Depression Inventory ® II (BDI – ® II) (Beck, et al., 1988) and the

(CCI) (Crandell & Chambless, 1986) in low-income single mothers with at least one child residing with them in Labette County, Kansas?

2. Is there a relationship between the self-esteem score on the Rosenberg Self-Esteem Scale (Rosenberg, 1989) and the negative thinking score on the CCI (Crandell and Chambless, 1986) in low-income single mothers with at least one child residing with them in Labette County, Kansas?

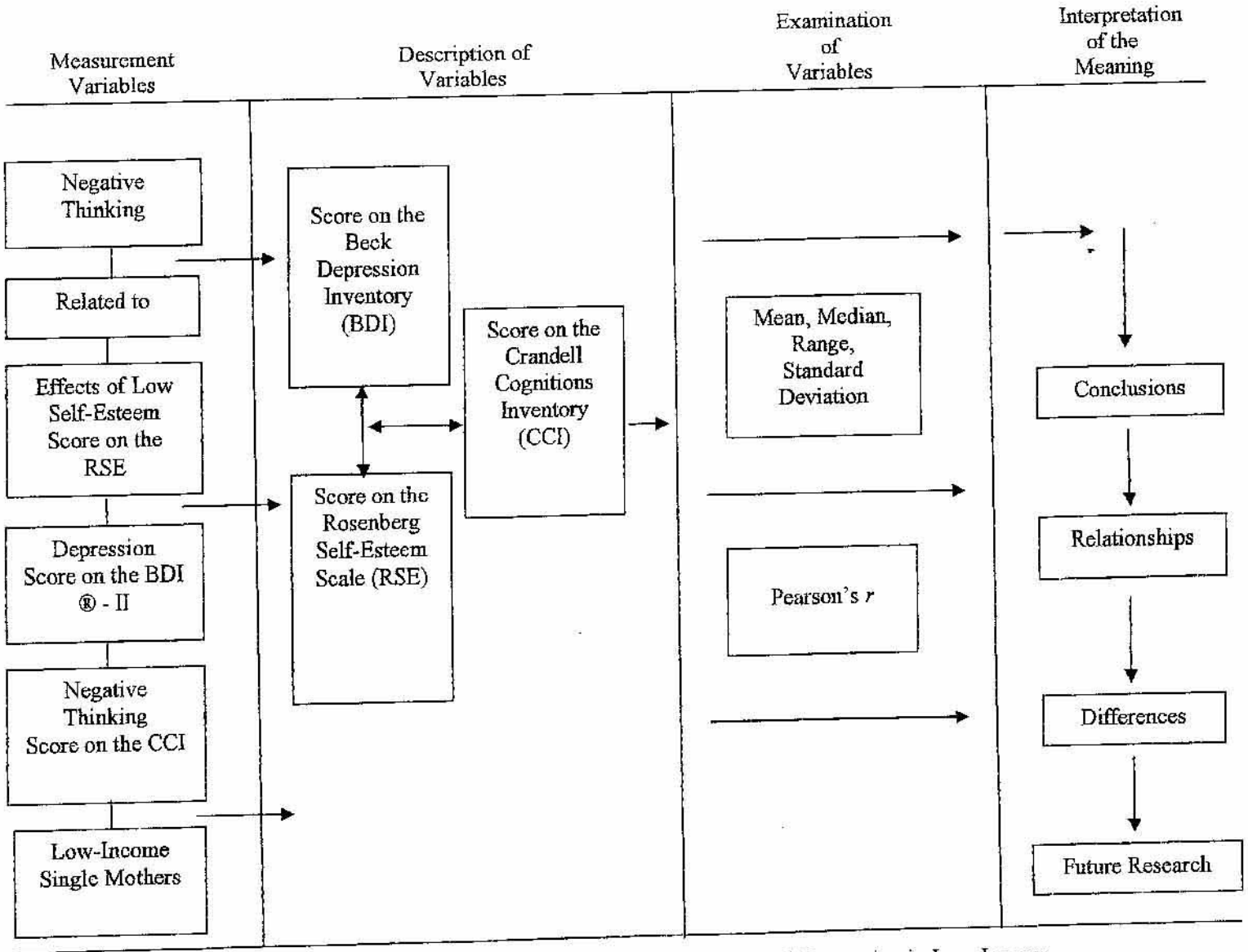

Figure 2. Design of the Study: Is Negative Thinking Related to Low Self-Esteem and Depression in Low-Income Single Mothers in Labette County, Kansas?

Sample, Population, and Setting

The population and sample were single mothers from Labette County, Kansas. In order to participate in the research study the single mothers had at least one child living with them under 18 years of age, resided in Labette County, Kansas, and were at or below the United States Department of Health and Human Services 2005 poverty guidelines (United, 2005). Additional inclusion criteria were that the mothers were not receiving psychiatric care or counseling, were not taking antidepressant medication, and were not pregnant.

The research participants were recruited from convenience samples from the Labette County Health Department and the Labette Community College. Sixty women met the criteria for the research study, and completed the surveys. Five surveys were disqualified from the study because the research participants did not complete all the questions on the surveys. Fifty-five surveys are included in the research study.

Data Collection

Data collection includes the single mothers' race, marital status, education, employment status, annual income, and the number of children under 18 years of age residing with them (Demographics Questionnaire (DQ), Appendix C). The research participants were also asked to include their age on the BDI ® II survey, but it was not required. Forty-nine of the research participants included their age.

The research participants were screened for inclusion criteria at the point of recruitment. If the research subjects met the inclusion criteria, and chose to participate, they were given instructions about the purpose of the research study,

the inclusion criteria, the study tools (DQ, BDI, CCI and RSE), and the consent form (Consent Form, Appendix, A; Explanation of the BDI, CCI, and RSE, Appendix B). The research participants were then asked to sign two consent forms that were witnessed and signed by Linda Forbes or the registered nurse (R.N.) from the Labette County Health Department (Consent Form, Appendix A). A copy of the consent form was kept by the research participants, and a copy was kept by the Linda Forbes, RN, BSN, the principal researcher. The research participants were informed that they may withdraw their consent to participate in the research study, and stop participating at any time without explanation, penalty or loss of benefits from the Labette County Health Department or the Labette County College (Consent Form, Appendix A).

Economically or educationally disadvantaged research participants are particularly vulnerable to the risks of research, and may not be able to fully understand the concepts presented by the research. The researchers took precautions to ensure that the research subjects understood what is being asked of them. The principal researcher and the R.N. from the Labette County Health Department described the research study to the research participants in a professional, consistent manner to ensure inter-rater reliability.

Measures

Depressive symptoms. The Beck Depression Inventory (BDI ® - II) is a 21 item self-report scale measuring characteristic attitudes and symptoms of depression (Beck et al., 1988). Each item consists of four statements, scored from *no symptoms (0)* to *severe distress (3)*. Internal consistency for the BDI ® - II is

.92 (Beck, 1996). For this scale, a higher score indicates greater depressive symptoms. A score of 0-13 indicates minimal depression; a score of 14-19 indicates mild depression; a score of 20-28 indicates moderate depression; and a score of 29-63 indicates severe depression.

Negative thinking. The 45-item Crandell Cognitions Inventory (CCI) (Crandell & Chambless, 1986) is used to measure negative thoughts. Only the 34 negative self-statements are scored. The 11 positive buffer items are not counted. Negative self-statements are rated for frequency of occurrence from almost never (1) to almost always (5). Total scores ranges from 34 to 170, with higher scores indicating a higher frequency of depressive thinking. Crandell and Chambless (1986) reported a Cronbach's alpha of .95 in a sample of depressed, psychiatric, and normal participants. In Crandell and Chambless (1985) analysis of the groups in their cross validation sample, the depressed group scored a mean of 111.6, the psychiatric control group scored a mean of 68.4, and the normal control group scored a mean of 46.9. Crandell and Chambless (1985) accept any score greater than 101 as indicative of depressive thinking.

Self-esteem. The Rosenberg Self-Esteem Scale is a ten item Likert scale with items answered on a four point scale from *strongly agree* to *strongly disagree* (Rosenberg, 1989). The RSE is used to measure self-worth and self-acceptance with potential scores ranging from 0 to 30. The RSE attempts to achieve a unidimensional measure of global self-esteem. The RSE items represent a continuum of self-worth statements ranging from statements that are endorsed even by individuals with low self-esteem to statements that are endorsed only by

persons with high self-esteem. Rosenberg (1979) summarizes the research on the RSE scales validity and reliability. Two small college samples had test-retest reliability coefficients of $r = .85$ and .88. In a sample of 205 low-income single mothers in a research study by Peden et al. (2004), Cronbach's alpha was .86 for the RSE.

Personal-Scociodemographic Characteristics Questionnaire. Data were gathered on the mother's age, race, income, education, and employment status with the use of a demographic data collection form.

Procedures

Protection of Human Subjects

Pittsburg State University's human subjects review committee approved the study on November 14, 2005 (Approval, Appendix O). Economically or educationally disadvantaged subjects are particularly vulnerable to the risks of research. None of the research participants reported emotional and/or psychological harm from completing the surveys used in the research study. If a research participant had felt harmed from participating in the research study, she would have been referred to a Labette County mental health agency by the researchers. Precautions were taken to ensure that the research participants gave informed consent. They were given oral and written instructions about the purpose of the research study, the inclusion criteria, the study tools (DQ, BDI, CCI and RSE), and the consent form (Consent Form, Appendix, A; Explanation of the BDI, CCI, and RSE, Appendix B).

The data collected on the research subjects is kept in a locked box with the

key only available to Linda Forbes, RN, BSN, the principal researcher. The research participants are identified by a code number only. The scores from surveys used in this research study are recorded in such a manner that participants cannot be identified directly by using code numbers linked to the subjects. The information kept by Linda Forbes, RN, BSN in the locked box does not have any link to the personal identification of the research subjects.

Summary

Depressive symptoms in low-income single mothers have been shown to interfere with parenting and participation in educational and employment opportunities, and significantly undermine the quality of life in their families. Low-income, single mothers are at increased risk for depression. Depressed mothers negatively influence their children's well-being. Although the experience of depression is detrimental to the person with the illness; the consequences of this illness on families headed by low-income, single mothers might be even greater (Peden, et al., 2004).

Negative thinking is important in the development of depressive symptoms in at-risk women (Peden et al., 2004). Targeting the symptom of negative thinking, which can be modified (Peden et al., 2000), may intervene in the area of low self-esteem on depressive symptoms in low-income single mothers. (Peden et al., 2004).

Self-esteem is difficult to influence through cognitive-behavioral group intervention (Peden et al., 2000). However, negative thinking has been shown to

respond to intervention in other samples (Peden et al., 2000). Therefore, negative thinking may prove more responsive to change than the chronic stressors of poverty and depression (Peden et al., 2004), and provide an opportunity for nurse-clinicians to effectively intervene with cognitive therapies that target negative thinking in single mothers in Labette County, Kansas.

In Chapter III the methods, measures, and procedures used in the study are discussed. The results of the study are presented in chapter IV.

CHAPTER IV

FINDINGS

The purpose of this descriptive correlational research study was to determine if negative thinking is related to depression and low self-esteem in low-income single mothers in Labette County, Kansas. Data was collected from December 2005 to February 2006 from a convenience sample of single mothers from the Labette County Health Department and the Labette Community College.

Low-income, single mothers are at increased risk for depression. Parenting and participation in educational and employment opportunities have been negatively affected by depressive symptoms in low-income single mothers. Depressive symptoms have been shown significantly undermine the quality of life in the families of low-income single mothers. Although the experience of depression is detrimental to the person with the illness; the consequences of this illness on families headed by low-income, single mothers might be even greater (Peden et al., 2004).

In a study by Peden et al. (2004) negative thinking was shown to be significant in the development of depressive symptoms in at-risk women. Self-esteem is difficult to influence through cognitive-behavioral group intervention (Peden et al., 2000). However, negative thinking has been shown to respond to intervention in other samples (Peden et al., 2000). Therefore, negative thinking may prove more responsive to change than the chronic stressors of poverty and

depression (Peden et al., 2004), and provide an opportunity for nurse-clinicians to effectively intervene with cognitive therapies that target negative thinking in single mothers in Labette County, Kansas.

Results

Demographic Characteristics

The ethnicity of the sample was 75% Caucasian, 13% African American, 9% Other, and 3% Hispanic. The majority (62%) of the mothers had never been married, 18% were living with their significant other, 16% were divorced, and 4% were separated. Forty-six percent of the mothers had a high school diploma or GED; 25% did not have a high school diploma; 18% had some post high school education; 9% went to a vocational-technical school; and 2% had a bachelor's degree.

The majority (54%) of the women were employed; 36% worked full-time and 18% worked part-time. Forty-six percent of the women were not employed. Thirty-six percent of the women made less than $5,000 a year; 35% made $5,001 - 10,000 a year; 22% made $10,001 to $15,000 a year; and 7% made $15,001 - 20,000 a year. The mean age of the 49 single-mothers that indicated their age on the BDI was 23.9 years. Maternal age was not correlated with the BDI, CCI, or RSE. There were a total of 82 children that were represented by the sample, with an average of 1.5 children per single mother. Demographic characteristics for the sample are shown in Table 1.

Table 1

Categorical Personal and Demographic Characteristics

Variable	*n* (%)
Ethnicity	
Caucasian	41 (75 %)
African American	7 (13 %)
Hispanic	2 (3 %)
Other	5 (9 %)
Marital Status	
Never married	34 (62 %)
Divorced	9 (16 %)
Separated	2 (4%)
Living with Significant Other	10 (18%)
Education	
Some high school	14 (25 %)
High school grad or GED	25 (46 %)
Some post-high school education	10 (18 %)
Vocational/Technical School	5 (9 %)
Bachelor's degree	1 (2 %)
Employment Status	
Full-time	20 (36 %)
Part-time	10 (18 %)
Not employed	25 (46 %)

Table 1 (continued)

Categorical Personal and Demographic Characteristics

Variable	*n* (%)
Annual income	
< $5,000	20 (36 %)
$5,001 – 10,000	19 (35 %)
$10,001 – 15,000	12 (22 %)
$15,001 – 20,000	4 (7 %)

Note. Total number of participants was $n = 55$

Research Variables

Beck Depression Inventory (BDI – ® II). For the BDI – ® II, a higher score indicates greater depressive symptoms. A score of 0-13 indicates minimal depression; a score of 14-19 indicates mild depression; a score of 20-28 indicates moderate depression; and a score of 29-63 indicates severe depression. Sixty-two percent of the women scored in the minimal depression range of the BDI; 13 % scored in the mild depression range; 14 % scored in the moderate depressive range, and 11 % scored in the severe depressive range of the BDI. Thirty-eight percent of the sample scored ≥14 on the Beck Depression Inventory – ® II, and 25 % of the sample scored in the moderate to severe depressive range of the BDI – ® II. The mean score for the BDI was 14.05, the median was 10, the range was 42, and the standard deviation was 10.8.

Crandell Cognitions Inventory (CCI). In Crandell and Chambless (1985) analysis of the groups in their cross validation sample, the depressed group scored a mean of 111.6, the psychiatric control group scored a mean of 68.4, and the normal control group scored a mean of 46.9. Crandell and Chambless (1985) accept any score greater than 101 as indicative of depressive thinking.

The sample in this study scored a mean of 68.9 on the CCI putting them in the range with the psychiatric control group (68.4) for the sample used by Crandell and Chambless (1985). Eleven percent of the sample scored above 101, which Crandell and Chambless accepts as indicative of depressive thinking. Only 25% of this sample scored below the mean for the normal control group for Crandell and Chambless (1985). The median score was 63, the range was 114, and the standard deviation was 26.6.

Rosenberg Self-Esteem Scale (RSE). The RSE is used to measure self-worth and self-acceptance with potential scores ranging from 0 to 30 (0 low, 30 high). The RSE attempts to achieve a unidimensional measure of global self-esteem. The RSE items represent a continuum of self-worth statements ranging from statements that are endorsed even by individuals with low self-esteem to statements that are endorsed only by persons with high self-esteem. The average score of the RSE was 21.4, with a median of 21, a range of 20, and a standard deviation of 5.8. Descriptive statistics for the BDI – ® II, CCI, and RSE are shown in Table 2.

Table 2

Descriptive Statistics for the Beck Depression Inventory – ® II (BDI), Crandell Cognitions Inventory (CCI), and the Rosenberg Self-Esteem Scale (RSE)

Variable	Mean	Median	Range	Standard Deviation
BDI – ® II	14.0	10	42	10.8
CCI	68.8	63	114	26.6
RSE	21.3	21	20	5.8

Note. Total number of participants was $n = 55$

Correlation of the BDI - ® II and the CCI

Pearson's product-moment correlation analysis for the BDI – ® II (Beck et al., 1988) depression score, and the negative thinking score on the CCI (Crandell and Chambless, 1986) in low-income single mothers with at least one child residing with them in Labette County, Kansas showed a relationship of $r = .81$, indicating a strong, positive correlation between the BDI – ® II and the CCI (Burns & Grove, 2001).

Correlation of the CCI and the RSE

Pearson's product-moment correlation analysis for the RSE (Rosenberg, 1989) and the negative thinking score on the CCI (Crandell and Chambless, 1986) in low-income single mothers with at least one child residing with them in Labette County, Kansas showed a relationship of $r = -.77$, indicating a strong negative relationship between the RSE and the CCI (Burns & Grove, 2001).

Correlation of the BDI and the RSE

Pearson's product-moment correlation analysis for the RSE (Rosenberg, 1989) and the depression score on the BDI – ® II (Beck et al., 1988) in low-income single mothers with at least one child residing with them in Labette County, Kansas showed a relationship of $r = -.78$, indicating a strong negative relationship between the BDI- ® II and the RSE (Burns and Grove, 2001). As shown in Table 3 the study variables were strongly correlated with each other.

Related To

The term "related to" in this study infers a connection or an association between negative thinking, low self-esteem, and depression. As shown in Table 3 the study variables were strongly correlated with each other.

Table 3

Pearson's Product-Moment Correlation Analysis of the BDI, CCI, and RSE

Variables	*r*
1. Correlation of the Beck Depression Inventory (BDI – ® II) and the Crandell Cognitions Inventory (CCI)	.81
2. Correlation of the Rosenberg Self-Esteem Scale (RSE) and the Crandell Cognitions Inventory (CCI)	-.77
3. Correlation of the Rosenberg Self-Esteem Scale (RSE) And the Beck Depression Inventory(BDI – ® II.	-.78

Note. Total number of participants was $n = 55$. An r value above +.5, and/or -. 5 is considered a strong relationship (Burns and Grove, 2001).

Low-Income

The single mothers' income was at or below the United States Department of Health and Human Services (HHS) 2005 poverty guidelines (United, 2005).

Single mothers

Employment. Differences were found in the study variables between working single mothers and those not working outside the home. The mean scores on the BDI – ® II for those that worked full-time, part-time and for those that were unemployed were 12.3, 17.1, and 14.2 respectively. The mean scores on the CCI for those that worked full-time, part-time, and for those that were unemployed was 67.5, 79.5, and 65.7 respectively. The mean scores on the RSE for those that worked full-time, part-time, and for those that were unemployed was 21.3, 20.7, and 21.7.

The interesting finding for these statistics is those that worked part-time had higher scores on the BDI – ® II and the CCI, and lower scores on the RSE than those that worked full-time, or for those that were unemployed. Those that worked full time and those that were unemployed showed a small difference in the BDI ® II, 1.9; CCI, 1.8; and the RSE, 0.4. Table 4 these findings are compared.

Table 4

Comparison of the BDI, CCI, and RSE Mean Scores in Relationship to the Women's Employment Status

Employment	BDI – ® II	CCI	RSE
Full-Time	12.3	67.5	21.3
Part-Time	17.1	79.5	20.7
Unemployed	14.2	65.7	21.7

Note. Total number of participants was $n = 55$.

These findings differ from those found by Peden et al. (2004). In a sample of low-income single mothers, Peden et al. (2004) found that employed mothers had fewer depressive symptoms and negative thinking than those single mothers that were unemployed.

Sleep disturbances. Eighty-five percent of the single mothers reported sleep disturbances on the on the BDI – ® II. Thirty-three percent of the participants reported that they "sleep somewhat less than usual;" 27% reported that they "sleep a lot less than usual;" 13% reported that they "sleep somewhat more than usual;" 5% reported that they "sleep a lot more than usual;" 7% reported that they "wake up 1-2 hours early and can't get back to sleep." Only 15% of the research participants have not experienced any change in their sleeping patterns. In Table 5 these findings are presented.

Table 5

Percent (%) Sleep Disturbances Reported on the BDI – ® II

Sleeping Pattern	Percent (%)
Sleep somewhat less than usual	33%
Sleep a lot less than usual	27%
Sleep somewhat more than usual	13%
Sleep a lot more than usual	5%
Wake up 1-2 hours early and can't get back to sleep	7%
No sleep disturbance	15%

Note. Total number of participants was $n = 55$.

Boredom Proneness. The scores for boredom on the CCI were another interesting finding in this research study. Thirty-five percent of the women said they were almost never bored; 11% said they were seldom bored; 36% said they were sometimes bored; 16% said they were frequently bored; and 2% said they were almost always bored. Those that scored higher in boredom, also had higher scores on the BDI – ® II and the CCI, as well as decreased scores on the RSE. These findings are compared in Table 6 and Table 7.

Table 6

Descriptive Statistics for Boredom on the CCI and its Relationship to the Scores on the CCI, BDI, and RSE

Boredom	Mean	Median	Range	SD
Almost never bored/Seldom bored				
BDI – ® II	10.4	8	32	9.2
CCI	60.8	53	114	28.6
RSE	23.7	25	20	5.7
Sometimes/frequently/almost always bored				
BDI – ® II	17.1	15	42	11.1
CCI	75.6	72	81	23.1
RSE	19.4	19	20	5.2

Note. Total number of participants was $n = 55$. SD = Standard Deviation.

Table 7

Pearson's Product-Moment Correlation for Boredom on the CCI and its Relationship to the Scores on the CCI, BDI, and RSE

Boredom	*r*
Almost never bored/Seldom bored	
BDI - ® II – CCI	.81
RSE - BDI – ® II	- .78
RSE – CCI	- .73
Sometimes/frequently/almost always bored	
BDI - ® II – CCI	.80
RSE - BDI – ® II	- .75
RSE – CCI	- .76

Note. Total number of participants was $n = 55$. An r value above +.5, and/or -. 5 is considered a strong relationship (Burns and Grove, 2001).

Ferrari (2000), in a study on procrastination and attention, found that different forms of procrastination were related to boredom proneness. Kamel, Deletang, Benedicte, Metais, & Laurence (2000) found that there was a relationship between boredom proneness and introspectiveness. Introspective individuals were inclined to pay more attention to feelings and thoughts about themselves than those who were low in boredom proneness. Being more prone to boredom leads to a deficit of generating and experiencing an external stimulation (Gana, Deletang, & Metais, 2000). Bargdill (2000) found that the most important aspect in the experience of life boredom was the development of emotional

ambivalence. Ambivalent feelings developed in the research participants once personal goals were compromised for less desirable goals. Those research participants that were bored also tended to have a negative view of the future.

Themes of the women's depressive ideology. There were also strong correlations between inferiority, helpless, hopeless, and detachment, which are the themes of the women's depressive ideology on the CCI. Descriptive statistics for these themes are illustrated in Table 8, and Pearson's product moment correlations analysis for these themes are illustrated in Table 9.

Table 8

Descriptive Statistics the Themes of the Women's Depressive Ideology on the CCI

Themes	Maximum Possible Score	Mean	Median	Range	SD
Inferiority	50	18.5	17	26	7.5
Helpless	45	18.4	19	28	6.9
Hopeless	35	13.6	13	26	6.1
Detachment	40	15.9	15	28	6.5

Note. Total number of participants was $n = 55$. SD = Standard Deviation.

Table 9

Pearson's Product-Moment Correlation Analysis - Themes of the Women's Depressive Ideology on the CCI

Themes of Ideology	*r*
Detachment – Helpless	.91
Detachment – Hopeless	.90
Helpless – Hopeless	.90
Inferiority – Hopeless	.88
Inferiority – Detachment	.83
Inferiority – Helpless	.82

Note. Total number of participants was $n = 55$. An r value above +.5, and/or -. 5 is considered a strong relationship (Burns and Grove, 2001).

Summary

The purpose of this descriptive, correlational research study was to determine if negative thinking was related to low-self esteem and depression in low-income single mothers in Labette County, Kansas. Targeting the symptom of negative thinking, might break the link of low self-esteem with depressive symptoms in low-income single mothers. The results can be improved mental health of the mother and improved physical and mental health of her children (Peden, et al., 2000; Peden, et al., 2004).

Data for this research study was collected from December, 2005 to February, 2006 from a convenience sample of 55 single mothers from the Labette County Health Department and the Labette Community College. Each woman

completed the Beck Depression Inventory – ® II (BDI - ® II), the Crandell Cognitions Inventory (CCI), the Rosenberg Self-Esteem Scale (RSE), and a demographics questionnaire (DQ).

The results of this research study indicated that 38% of the sample scored ≥14 on the Beck Depression Inventory – ® II, and 25 % of the sample scored in the moderate to severe depressive range of the BDI – ® II. The research variables were also strongly correlated with each other.

Pearson's product-moment correlation analysis for the BDI – ® II (Beck et al., 1988) depression score, and the negative thinking score on the CCI (Crandell and Chambless, 1986) revealed a strong, positive relationship of r = .81 (Burns & Grove, 2001). Pearson's product-moment correlation analysis for the RSE (Rosenberg, 1989) and the negative thinking score on the CCI (Crandell and Chambless, 1986) revealed a strong, negative relationship of r = - .77 (Burns & Grove, 2001). Pearson's product-moment correlation analysis for the RSE (Rosenberg, 1989) and the depression score on the BDI – ® II revealed a strong, negative relationship of r = - .78 (Burns and Grove, 2001). These results show that negative thinking may be related to low self-esteem and depression in low income single mothers in Labette County, Kansas.

Differences were found in the study variables between working single mothers and those not working outside the home. The mean scores on the BDI – ® II for those that worked full-time, part-time and for those that were unemployed were 12.3, 17.1, and 14.2 respectively. The mean scores on the CCI for those that worked full-time, part-time, and for those that were unemployed was 74, 79.5,

and 65.7 respectively. The mean scores on the RSE for those that worked full-time, part-time, and for those that were unemployed was 21.3, 20.7, and 21.7.

The interesting finding for these statistics is those that worked part-time had higher scores on the BDI – ® II and the CCI, and lower scores on the RSE than those that worked full-time, or for those that were unemployed. Those that worked full time and those that were unemployed showed a small difference in the BDI ® II, of 1.9; CCI, of 1.8; and the RSE, of 0.4. These findings differ from those found by Peden et al. (2004) who found that employed single mothers had fewer depressive symptoms and negative thinking than those single mothers that were unemployed.

Eighty-five percent of the single mothers reported sleep disturbances on the on the BDI – ® II. Thirty-three percent of the participants reported that they "sleep somewhat less than usual;" 27% reported that they "sleep a lot less than usual;" 13% reported that they "sleep somewhat more than usual;" 5% reported that they "sleep a lot more than usual;" 7% reported that they "wake up 1-2 hours early and can't get back to sleep."

The scores for boredom on the CCI were another interesting finding in this research study. Thirty-five percent of the women said they were almost never bored; 11% said they were seldom bored; 36% said they were sometimes bored; 16% said they were frequently bored; and 2% said they were almost always bored. Those that scored higher in boredom, also had higher scores on the BDI – ® II and the CCI, as well as corresponding decreased scores on the RSE.

There were also strong correlations between inferiority, helpless, hopeless,

and detachment, which represent the themes of the women's depressive ideology on the CCI. Detachment – helpless had a Pearson's r =.91; detachment – hopeless had a Pearson's r =.90; helpless – hopeless had a Pearson's r = .90; inferiority – hopeless had a Pearson's r = .88; inferiority – detachment had a Pearson's r correlation of .83; and inferiority – helpless had a Pearson's r = .82.

The analysis of the data revealed that negative thinking is related to low self-esteem and depression in low-income single mothers in Labette County, Kansas. Those women that worked part-time had higher scores on the BDI, CCI, and decreased scores on the RSE, as compared to those that worked full-time or were unemployed. A significant amount of sleep disturbance was also noted in the analysis of the data for the single mothers, as well as significant correlations in the themes for their depressive ideology. Those that scored higher in boredom on the CCI, had higher scores on the BDI – ® II and the CCI, as well as decreased scores on the RSE.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Poverty and chronic stress among low-income, single mothers place them at high risk for poor mental health, particularly for subclinical depressive symptoms, which can also have a negative influence on their children (Beeber et al., 2003; Cairney et al., 2003; Olson et al., 2002; Peden et al., 2000, Peden et al., 2004; Wang, 2003). It is important to understand the effects of negative thinking, since it is a component of depressive thinking and low self-esteem.

Negative thinking has been shown to respond to cognitive interventions, while self-esteem has been found difficult to change (Peden et al., 2000). Targeting the symptom of negative thinking, may break the link of low self-esteem with depressive symptoms in low-income single mothers in Labette County, Kansas. The results may be improved mental health of the mother and improved health of her children (Peden et al., 2000; Peden et al., 2004).

Theoretical Framework

In nursing: The philosophy and science of caring, Watson's (1985) *Carative Factors* provide the lens to view negative thinking, and serve as the theoretical framework for this study. The carative factors target depression, negative thinking, low self-esteem, and components of these factors that are addressed in the BDI ® II, CCI and RSE. The carative factors are:

1. *The formation of a humanistic-altruistic system of values.* This encourages acceptance of human differences, and viewing others as they see themselves rather than how you see them.
2. *The instillation of faith-hope.* Faith-hope has traditionally been important in relieving the symptoms of illness in various forms of belief systems. Faith and hope carry people through difficult health situations, especially when other methods of health care fail.
3. *The cultivation of sensitivity to one's self and to others.* This provides the foundation for empathy. Those who are not sensitive to their own feelings find it difficult to be sensitive to the feelings of others.
4. *Development of a helping-trusting, human caring relationship.* To develop this relationship, the nurse must first get to know the other person, which includes how that person views him or herself and the world.
5. *Promotion and acceptance of the expression of positive and negative feelings.* People should be able to express both positive and negative feelings without feeling defensive and with understanding and support for the expression. Feelings can and do change thoughts and influence behavior.
6. *The Systematic use of a scientific problem-solving method for decision making.* This is necessary for gathering patient data.
7. *The Promotion of interpersonal teaching-learning.* This is important to reduce stress, fear, and anxiety. The patient's affect, perceptions,

readiness, personal meaning, behavior, and past experiences all influence the ability to learn.

8. *The provision for a supportive, protective, and/or corrective mental, physical, societal, and spiritual environment.* This is important for the patient's welfare. Correlations between potentially stressful events and the patient's symptoms, and the meaning of these events for the person need to be ascertained. Comfort, safety, and clean-esthetic surroundings are essential for the patient.
9. *The assistance with gratification of human needs.* This is based on Maslow's hierarchy of needs (Maslow, 1987). Safety, love and belongingness, esthetics, the need to know and understand, and self actualization need to be assessed in order for the nurse to correctly ascertain the patient's needs.
10. *The allowance for existential-phenomenological forces.* This allows for the identification and separateness of each person. The patient's personal, subjective experience is the foundation for understanding the patient's needs.

People need to communicate their feelings without feeling defensive and with understanding and support for their expression (Watson, 1985). Since having a positive outlook is significantly associated with less negative mental symptoms and is significantly associated with greater life satisfaction (Chang, 2002), understanding how to interact and communicate with those that think negatively is important. Individuals with negative thinking will have feelings and actions

inconsistent with sound judgment. Acceptance of these individual's feelings in a nonjudgmental, open and caring manner is important in establishing a relationship between the nurse and individual with a negative view.

A transpersonal caring relationship signifies a special kind of human care relationship, which embodies a high regard for the whole person, and caring, which is the moral ideal of nursing (Watson, 1985). "A transpersonal relationship depends on a moral commitment to protect and enhance human dignity, and allow the person to determine his own meaning. The nurse's intent should be to affirm the subjective significance of the person. It is important for the nurse to assess and realize another's condition of being in the world and to feel a union with another. The subjectivity of the patient is assumed to be as whole and as valid as that of the nurse. Mutuality, therefore, is a moral foundation of nursing. The nurse's own life history and previous experience adds to the transpersonal relationship as well (Watson, 1985, p. 64)."

Another important concept to human caring theory is the caring occasion which occurs when the nurse and person come together with their unique life histories and engage in a human care transaction. This caring occasion or moment can go beyond itself and be integrated into the lives of the person and the nurse, becoming part of the life history of each person (Watson, 1985).

Watson's theory of human caring, through the carative factors, transpersonal caring, and the caring moment, fit well with the BDI ® - II, CCI, and RSE, addressing nursing's relationship to the target areas of the surveys, and

the primary needs of patient care for those areas addressed in the surveys. This relationship is shown in Figure 3a and 3b.

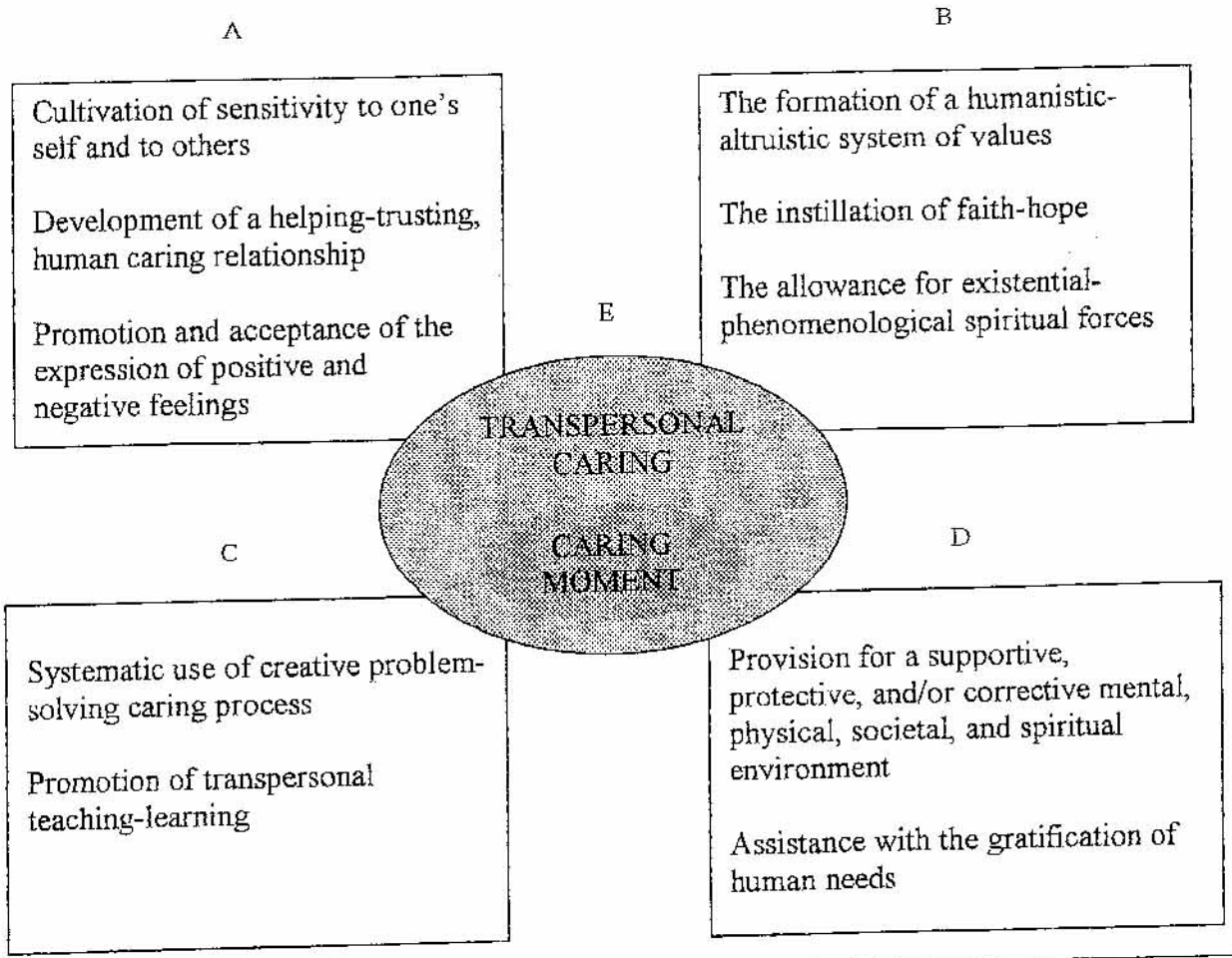

Figure 3a. Theoretical Framework Correlation with RSE, CCI, & BDI- ® II: Is Negative Thinking Related to Low Self-Esteem and Depression in Low-Income Single Mothers in Labette County, Kansas?

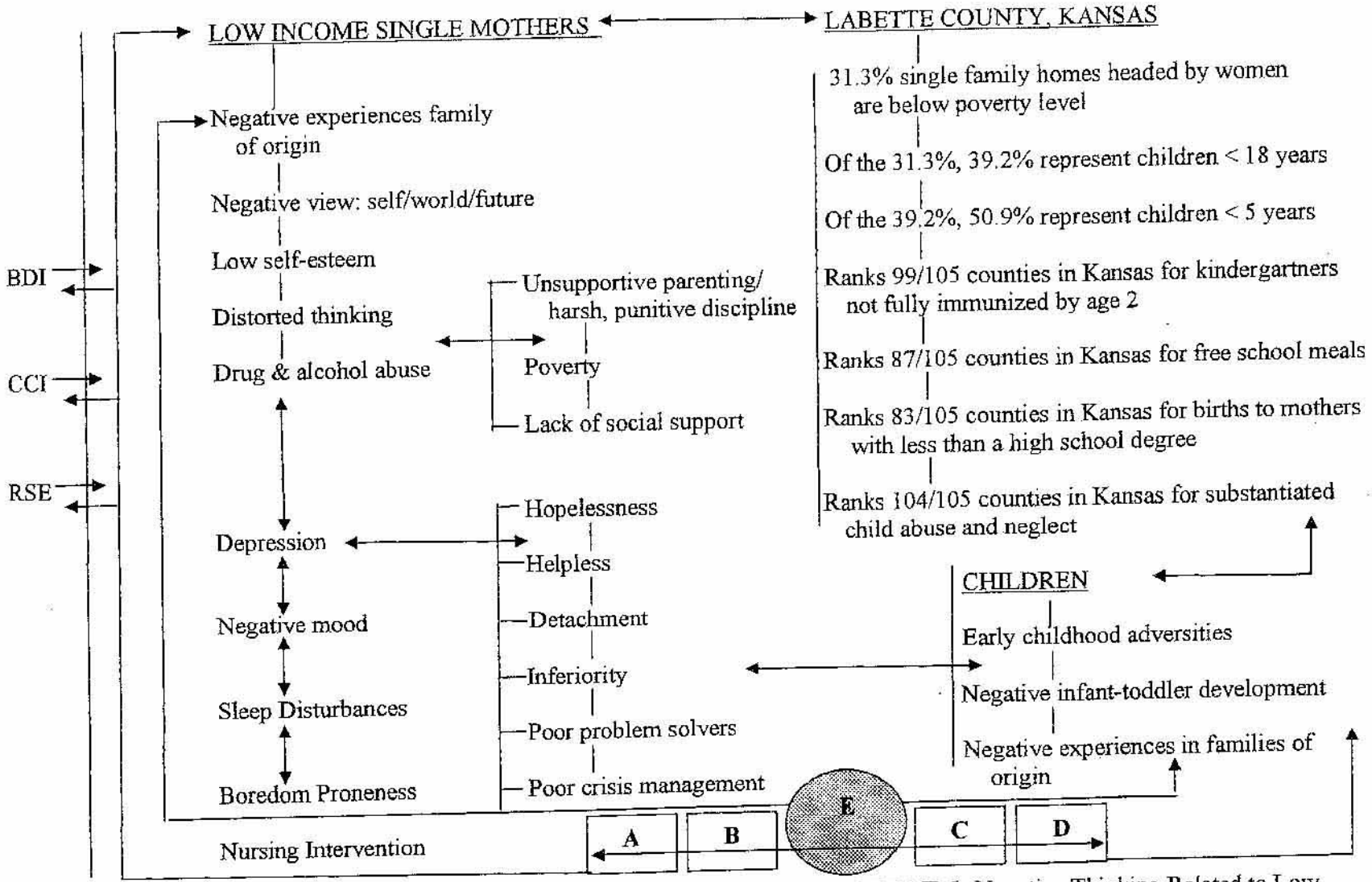

Figure 3b. Theoretical Framework Correlation with RSE, CCI, & BDI-II: Is Negative Thinking Related to Low Self-Esteem and Depression in Low-Income Single Mothers in Labette County, Kansas

Statement of the Problem

In addition to the high percentage of children living in poverty and single family homes in Labette County, Kansas, as well as the increase in teenagers becoming single parents, there are high rates of alcohol and substance abuse, related crimes, and domestic violence, which have created an environment of enormous risk to the children residing in Southeast Kansas (Byrd, 2004). For individuals vulnerable to depression, negative mood may lead to distorted thinking that can precipitate depression (Miranda et al., 1998). Negative thinking has been shown to intervene in the area of low self-esteem on depressive symptoms in a study by Peden et al. (2004). Therefore, it is important to understand if negative thinking is related to low self-esteem and depression in low-income single mothers in Labette County, Kansas.

Purpose of the Study

The purpose of this descriptive, correlational research study was to determine if negative thinking is related to low-self esteem and depression in low-income single mothers in Labette County, Kansas.

Research Questions

1. Is there a relationship between the depression score on the BDI – ® II (Beck, et al., 1988) and the negative thinking score on the CCI (Crandell & Chambless, 1986) in low-income single mothers with at least one child residing with them in Labette county, Kansas?

2. Is there a relationship between the self-esteem score on the RSE (Rosenberg, 1989) and the negative thinking score on the CCI in low-income single mothers?

Research Methodology

Data for this research study was collected from December 2005 to February 2006 from a convenience sample of single mothers from the Labette County Health Department and the Labette Community College. Each woman completed the Beck BDI - ® II, the CCI, the RSE, and a demographics questionnaire (DQ).

In order to participate in the research study the single mothers had to have at least one child living with them under 18 years of age, resided in Labette County, Kansas, and were at or below the United States Department of Health and Human Services 2005 poverty guidelines (United, 2005). Additional inclusion criteria were that the mothers were not receiving psychiatric care or counseling, were not taking antidepressant medication, and were not pregnant.

Data collection includes the single mothers' race, marital status, education, employment status, annual income, and the number of children under 18 years of age residing with them (Demographics Questionnaire [DQ], Appendix C). The research participants were also asked to include their age on the BDI - ® II, but it was not required. Forty-nine of the research participants included their age.

The research participants were screened for inclusion criteria at the point of recruitment. If the research subjects met the inclusion criteria, and chose to

participate, they were given instructions about the purpose of the research study, the inclusion criteria, the study tools (BDI, CCI , RSE, and DQ), and the consent form (Consent Form, Appendix, A; Explanation of the BDI, CCI, and RSE, Appendix B). The research participants were then asked to sign two witnessed consent forms. A copy of the consent form was kept by the research participants, and a copy was kept by the Linda Forbes, RN, BSN, the principal researcher.

The research participants were informed that they may withdraw their consent to participate in the research study, and stop participating at any time without explanation, penalty or loss of benefits from the Labette County Health Department or the Labette County College (Consent Form, Appendix A). Pittsburg State University's human subjects review committee approved the study on November 14, 2005 (Approval, Appendix O).

Sixty women met the criteria for the research study, and completed the surveys. Five surveys were disqualified from the study because the research participants did not complete all the questions on the surveys. Fifty-five surveys are included in the research study.

Summary of Findings

The results of this research study indicated that 38% of the sample scored ≥14 on the Beck Depression Inventory – ® II, and 25 % of the sample scored in the moderate to severe depressive range of the BDI – ® II. Pearson's product moment correlations for the BDI - ® II and CCI, RSE were r = .81, .78, and .77 respectively. These results show that negative thinking is related to low self-esteem and depression in low income single mothers in Labette County, Kansas.

Differences were found in the study variables between working single mothers and those not working outside the home. The mean scores on the BDI – ® II for those that worked full-time, part-time and for those that were unemployed were 12.3, 17.1, and 14.2 respectively. The mean scores on the CCI for those that worked full-time, part-time, and for those that were unemployed was 74, 79.5, and 65.7 respectively. The mean scores on the RSE for those that worked full-time, part-time, and for those that were unemployed was 21.3, 20.7, and 21.7.

The interesting finding for these statistics is those that worked part-time had higher scores on the BDI – ® II and the CCI, and lower scores on the RSE than those that worked full-time, or for those that were unemployed. Those that worked full-time and those that were unemployed showed a small difference in the BDI ® II, of 1.9; CCI, of 1.8; and the RSE, of 0.4. These findings differ from those found by Peden et al. (2004), who found that employed single mothers had fewer depressive symptoms and negative thinking than those single mothers that were unemployed.

Eighty-five percent of the single mothers reported sleep disturbances on the on the BDI – ® II. Thirty-three percent of the participants reported that they "sleep somewhat less than usual;" 27% reported that they "sleep a lot less than usual;" 13% reported that they "sleep somewhat more than usual;" 5% reported that they "sleep a lot more than usual;" 7% reported that they "wake up 1-2 hours early and can't get back to sleep."

Boredom proneness on the CCI was another interesting finding in this research study. Thirty-five percent of the women said they were almost never

bored; 11% said they were seldom bored; 36% said they were sometimes bored; 16% said they were frequently bored; and 2% said they were almost always bored. Those that scored higher in boredom, also had higher scores on the BDI – ® II and the CCI, as well as corresponding decreased scores on the RSE.

There were also strong Pearson's product moment correlations between inferiority, helpless, hopeless, and detachment, which represent the themes of the women's depressive ideology on the CCI. Detachement – helpless had a an r =.91; detachment – hopeless had an r =.90; helpless – hopeless had an r = .90; inferiority – hopeless had an r = .88; inferiority – detachment had an r = of .83; and inferiority – helpless had an r = .82.

Discussion of the Findings

Limitations of the Study

The research participants (n = 55) were from Labette County, which is a small, rural county in southeast Kansas. Seventy-five percent of the women were Caucasian, with only 25% representing other races. The mean age of the sample was 23.9 years. Therefore, these findings may not be representative of an older population of low-income single mothers in Labette County, Kansas with children under 18 years of age living with them. There was no control group for this study to determine if there are significant differences or similarities in negative thinking in other populations of married or single women from various socioeconomic levels. These statistics represent this small, sample population, and as such can not be applied to low-income single mothers in other southeast Kansas counties.

The inclusion criteria did not include age limitations for the children represented in the study because of the small sample size. Women with children ≤ 1 year of age may be suffering from post-partum depression, which was not factored into the results of this study. The women were occasionally interrupted by their children while completing the surveys and it is unknown what effect this had on the survey results.

Recommendations for Current Practice

Targeting the symptom of negative thinking which can be modified, may break the link of low self-esteem with depressive symptoms in low-income single mothers (Peden et al. 2000; Peden et al. 2004). The results can be improved mental health of the mother and improved physical and mental health of her children (Peden et al., 2004). Interventions that target the symptom of negative thinking may be beneficial in reducing depressive symptoms in low-income single mothers, and enhance the quality of life for single mothers and their children.

Advanced practice nurses should include an assessment for post-partum depression (PPD) in this at risk population of low-income single mothers with children ≤ 1 year of age. Data suggests that PPD can occur for up to one year after birth even though the onset of PPD can be variable (Rice, Records, & Williams, 2001). The advanced practice nurse should also evaluate single mothers for signs and symptoms of drug and alcohol abuse, as well as for signs and symptoms of physical abuse and depression. The US Preventive Services Task Force (2001) recommends screening adults for depression in primary care settings that have systems to assure appropriate diagnosis, treatment, and follow-up.

Screening for maternal depressive symptoms may improve patterns of receipt of acute and preventive health care services for children as well as promote the well-being of mothers. Advanced practice nurses need to overcome the barriers of limited knowledge and availability of community mental health resources, time, and reimbursement constraints for addressing parental mental health concerns.

Recommendations of Future Study

Further research is needed to determine if negative thinking is related to low self-esteem and depression in low-income single mothers in other southeast Kansas counties, and in other populations of women with children less than eighteen years of age. Therapeutic interventions for these women need to be individualized to the county population of single mothers represented, because of the possible differences that may exist culturally, and economically in other southeast Kansas counties.

The interesting findings for employment for the women in this research study was that those that worked part-time had higher scores on the BDI – ® II and the CCI, and lower scores on the RSE than those that worked full-time, or for those that were unemployed. These findings differ from a study conducted by Peden et al., (2004) who found that employed mothers had fewer depressive symptoms and negative thinking than those single mothers that were unemployed. There was not a significant difference the survey results for those that were employed full-time or for those that were unemployed.

Further research on the effects of full-time and part-time employment, as well as unemployment for low income single mothers is needed. Of the 31.3% of single-mother headed households under the poverty level in Labette County, Kansas, 39.2 % represent children less than eighteen years of age, and 50.9% represent children less than five years of age (Census, 2000). Assessment surveys of employment, job satisfaction, and available child-care services for low-income single mothers in Labette County, Kansas need to be completed to provide a baseline of information for these services for this population.

Sleep disturbances are recognized as being symptomatic of depression, and a significant number (85%) of the sample reported sleep disturbances. Are sleep disturbances due to infants and small children interrupting the mothers' sleep during the night, or are they due to a concurrent lack of social support and poverty, drug and alcohol abuse, or a combination of these with depressive symptoms? Do low income single mothers have an increased incidence of post-partum depression?

The causes of sleep-disturbances are multifactoral in this population, and need to be determined for low-income single mothers. For instance, Kelly (2003) found that sleep disturbances attributed to worry may be impacted by decreased self-esteem and increased anxiety and stress. The relationship of sleep disturbance attributed to worry and negative affect was consistent with the possibility that negative affect is a maintenance factor for sleep disturbance attributed to worry (Kelly, 2002).

Thirty-six percent of the women said they were sometimes bored; 16% said they were frequently bored; and 2% said they were almost always bored; this represents 54% of the sample. Those that scored higher in boredom, also had higher scores on the BDI – ® II and the CCI, as well as decreased scores on the RSE.

Ferrari (2000), in a study on procrastination and attention, found that different forms of procrastination were related to boredom proneness. Kamel et al., (2000) found that there was a relationship between boredom proneness and introspectiveness. Introspective individuals were inclined to pay more attention to feelings and thoughts about themselves than those who were low in boredom proneness. Being more prone to boredom leads to a deficit of generating and experiencing an external stimulation. The most important aspect in the experience of life boredom was the development of emotional ambivalence. Ambivalent feelings developed in the research participants once personal goals were compromised for less desirable goals. Those research participants that were bored also tended to have a negative view of the future (Gana et al., 2000).

If a single mother has difficulty experiencing an external stimulation, how does this affect parenting, learning, and motivation? Does boredom proneness lead to impulsivity and drug and alcohol abuse? More research is needed in this area to determine if boredom is significantly linked to depression in low-income single mothers. Understanding boredom proneness could impact how educational, motivational, and cognitive therapies are presented and used for the boredom prone individual.

There were also strong Pearson's product moment correlations between inferiority, helpless, hopeless, and detachment, which represent the themes of the women's depressive ideology on the CCI. Heinonen, Raikkonen, Keltikangas-Jarvinen & Strandgerg (2004) found that individuals with insecure attachment dimensions in adulthood, such as high anxiety, dependency, and a lack of intimacy with significant others, were more pessimistic. Heinonen et al. (2004) concluded that adult pessimism was related to negative childhood experiences with parents that were inconsistent in love and caring. The home-environment of the adult pessimist was often negative, and their parent was described as being controlling.

It has been found that pessimists report more adverse life events than optimists, and believe that "nothing I do matters" (Seligman, 2000). Pessimists see their lives as being negatively predetermined (Schulz, Bookwala, Knapp, Scheier & Williamson, 1996). Simply defined, pessimism is a tendency to expect negative outcomes (Chang & Sanna, 2001). Individuals who give pessimistic explanations for life events have poorer physical and mental functioning and are more often depressed (Burns & Seligman, 1989; Peterson, Seligman, & Vaillant, 1988). Pessimists also tend lack effective coping strategies (Scheier, Carver, & Bridges, 1984).

Maternal pessimism significantly correlates with children's pessimism. Mothers who tended to anticipate bad outcomes had children who also tended to believe for bad outcomes (Hasan & Power, 2002). Pessimistic mothers who meet

difficulties with mostly negative expectations may implicitly or explicitly model these qualities for their children. Over time children may internalize these attitudes and incorporate them into their own beliefs (Hasan & Power, 2002). Further research needs to be conducted on the relationship between pessimism, negative thinking, and insecure attachment dimensions in adulthood for low-income single mothers. What effect does inferiority have on attachment dimensions?

In a study by Schou, Ekeberg, and Ruland (2005) of female breast cancer patients, they found that optimists responded with a fighting spirit, which had a positive effect on their quality of life. On the other hand, pessimists responded with hopelessness - helplessness, which had a negative effect on their quality of life. Schou, Ekeberg, Rutland, Sandvik, & Karesen (2003) found that pessimism was the strongest individual predictor for emotional morbidity one year following breast cancer surgery. The effect of pessimism on anxiety was mediated through the coping style of *fatalism*, while depression was mediated through the coping style of *helpless-hopeless* (Schou et al., 2003). These findings present another area of further research into the effects of a helpless – hopeless coping style for low-income single mothers and their children, along with the overall effects of having a pessimistic outlook.

Exploring the themes of inferiority, helpless, hopeless, and detachment, and their relationship to pessimism needs further research study as well. Having a better understanding of these themes and their relationship to pessimism may affect how we present educational materials, provide cognitive therapies, and

other therapeutic interventions to this vulnerable population of women and there children.

Conclusion

The analysis of the data reveals that negative thinking is related to low self-esteem and depression in low-income single mothers in Labette County, Kansas. Those women that worked part-time had higher scores on the BDI, CCI, and decreased scores on the RSE, as compared to those that worked full-time or were unemployed. A significant amount of sleep disturbance was also noted in the analysis of the data for the single mothers. There were also strong Pearson's *r* correlations between inferiority, helpless, hopeless, and detachment, which represent the themes of the women's depressive ideology on the CCI. Those that scored higher in boredom on the CCI, had higher scores on the BDI – ® II and the CCI, as well as decreased scores on the RSE.

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APPENDIX

APPENDIX A

Consent Form

Consent Form

This is to certify that I, _____, agree to participate in the research study, *"Is Negative Thinking Related to Low Self-Esteem and Depression in Low-Income Single Mothers in Labette County, Kansas?"* This research study is conducted by Linda Forbes, R.N. for her Master of Science in Nursing thesis. I have heard the explanations of the Beck Depression Inventory, the Crandell Cognitions Inventory, and the Rosenberg Self-Esteem Scale that will be administered to me, and I have read the attached descriptions of the inventories and scale. I understand that the inventories and scale will require 30 to 45 minutes of my time to complete, and I should experience no risks or harm in completing the inventories and scale for this research study. However, if I feel that I have incurred risk or harm from the inventories and scale, I will contact the researcher that interviewed me, who will then refer me to the appropriate Labette County mental health agency.

Findings from this study can be used to further nursing's understanding of negative thinking and its relationship to low self-esteem and depression in low-income single mothers in Labette County, Kansas. These findings may provide helpful information to nurses in designing and developing programs that may help alleviate the suffering that results from negative thinking and depression.

I know I can contact Linda Forbes, R.N., the principal investigator of the study at 620-328-2422 with any problems or questions I might have concerning the study. If I need to contact an official at Pittsburg State University concerning the study, I may contact Mary Carol Pomatto, RN, ARNP, Ed.D, Chairperson,

Department of Nursing, Pittsburg State University, 620-235-4431. Peggy Snyder, Chair, Committee for the Protection of Human Research Subjects, 620-235-4179, is another official that is available for me to contact at Pittsburg State Univeristy with any questions or problems I might have concerning the study.

I understand this project is research, and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty or loss of benefits from the Labette County Health Department, or Labette Community College. I have had the opportunity to ask questions and have received satisfactory responses. I know that I may ask further questions, should they arise, at any time.

I understand that the data gathered from the surveys are coded in such a manner that I cannot be personally identified from the research data. The research data will be kept by Linda Forbes in the locked box with the key only available to her. The research data kept in the locked-box will not have any link to my personal identification.

I agree to abide by the expectations of the study. I agree to accept and support the norm of confidentiality. I understand that all data pertaining to my participating in this project will be identified by code number and that the data and my identity will remain confidential unless I submit a written request for release of specific information.

I verify that my signature below indicates that I have read and understand this consent form, and willingly agree to participate in this study under the terms

described, and that my signature acknowledges that I have received a signed and dated copy of this consent form.

Participant Name: _____

Participant Signature: _____ Date: _____

Witness to Signature: _____ Date: _____

APPENDIX B

Explanation of The Beck Depression Inventory II, The Crandell Cognitions Inventory, and The Rosenberg Self-Esteem Scale

Explanation of the Beck Depression Inventory II (BDI-II)

The BDI-II is a 21 item self-report scale measuring attitudes and symptoms of depression. Each question consists of four statements. You are to pick the one statement in each group that best describes the way you have been feeling during the last two weeks before you take the BDI, and how you feel the day you take the BDI.

Explanation of the Crandell Cognitions Inventory (CCI)

The 45-item CCI is used to measure negative thoughts. In the 45-items you may find some statements which almost always come into your mind, and other statements which almost never occur to you. You are to read each statement carefully and try to decide how often you think this thought or a thought similar to it. When you decide how frequently you think a certain thought, put a mark in the appropriate space next to the thought to indicate how often you think that thought: *almost never, seldom, sometimes, frequently, or almost always.* Some of the statements may not be your exact thought but may be very similar to your thought. For example, if you almost always think the thought, place a mark in the space under the column labeled *Almost Always* next to that thought. If you almost never think the thought, place a mark in the space under the column labeled *Almost Never* next to that thought.

Explanation of the Rosenberg Self-Esteem Scale (RSE)

The RSE is used to measure self-worth and self-acceptance. You will be presented a list of statements dealing with your general feelings about yourself. If you strongly agree, circle SA (Strongly Agree). If you agree with the statement,

circle A (Agree). If you disagree, circle D (Disagree). If you strongly disagree, circle SD (Strongly Disagree).

APPENDIX C

Personal and Demographic Characteristics Questionnaire

Personal and Demographic Characteristics Questionnaire

Ethnicity (Please check)

Caucasian _____
African American _____
Hispanic _____
Other _____

Marital Status

Never married _____
Divorced _____
Separated _____
Living with significant other/not married _____

Education

Some high school _____
HS grad or GED _____
Some post-HS education _____
Graduated from community college or
Vocational/technical school _____
Bachelor's degree _____
Graduate degree _____

Employment status

Full-time _____
Part-time _____
Not employed _____

Annual income

Less than $5,000 _____
$5001-10,000 _____
$10,001-15,000 _____
$15,001-20,000 _____
$20,000-25,000 _____
Greater than $25,000 _____

Number of Children under 18 years of age in household _____

APPENDIX D

Beck Depression Inventory - II

BDI-II

Date: 90

Name: _____ Marital Status: _____ Age: _____ Sex: _____

Occupation: _____ Education: _____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

0 I do not feel sad.
1 I feel sad much of the time.
2 I am sad all the time.
3 I am so sad or unhappy that I can't stand it.

2. Pessimism

0 I am not discouraged about my future.
1 I feel more discouraged about my future than I used to be.
2 I do not expect things to work out for me.
3 I feel my future is hopeless and will only get worse.

3. Past Failure

0 I do not feel like a failure.
1 I have failed more than I should have.
2 As I look back, I see a lot of failures.
3 I feel I am a total failure as a person.

4. Loss of Pleasure

0 I get as much pleasure as I ever did from the things I enjoy.
1 I don't enjoy things as much as I used to.
2 I get very little pleasure from the things I used to enjoy.
3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

0 I don't feel particularly guilty.
1 I feel guilty over many things I have done or should have done.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.

6. Punishment Feelings

0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.

7. Self-Dislike

0 I feel the same about myself as ever.
1 I have lost confidence in myself.
2 I am disappointed in myself.
3 I dislike myself.

8. Self-Criticalness

0 I don't criticize or blame myself more than usual.
1 I am more critical of myself than I used to be.
2 I criticize myself for all of my faults.
3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.

10. Crying

0 I don't cry anymore than I used to.
1 I cry more than I used to.
2 I cry over every little thing.
3 I feel like crying, but I can't.

_____ Subtotal Page 1

Continued on Back

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11. Agitation

0 I am no more restless or wound up than usual.

1 I feel more restless or wound up than usual.

2 I am so restless or agitated that it's hard to stay still.

3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

0 I have not lost interest in other people or activities.

1 I am less interested in other people or things than before.

2 I have lost most of my interest in other people or things.

3 It's hard to get interested in anything.

13. Indecisiveness

0 I make decisions about as well as ever.

1 I find it more difficult to make decisions than usual.

2 I have much greater difficulty in making decisions than I used to.

3 I have trouble making any decisions.

14. Worthlessness

0 I do not feel I am worthless.

1 I don't consider myself as worthwhile and useful as I used to.

2 I feel more worthless as compared to other people.

3 I feel utterly worthless.

15. Loss of Energy

0 I have as much energy as ever.

1 I have less energy than I used to have.

2 I don't have enough energy to do very much.

3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

0 I have not experienced any change in my sleeping pattern.

1a I sleep somewhat more than usual.

1b I sleep somewhat less than usual.

2a I sleep a lot more than usual.

2b I sleep a lot less than usual.

3a I sleep most of the day.

3b I wake up 1–2 hours early and can't get back to sleep.

17. Irritability

0 I am no more irritable than usual.

1 I am more irritable than usual.

2 I am much more irritable than usual.

3 I am irritable all the time.

18. Changes in Appetite

0 I have not experienced any change in my appetite.

1a My appetite is somewhat less than usual.

1b My appetite is somewhat greater than usual.

2a My appetite is much less than before.

2b My appetite is much greater than usual.

3a I have no appetite at all.

3b I crave food all the time.

19. Concentration Difficulty

0 I can concentrate as well as ever.

1 I can't concentrate as well as usual.

2 It's hard to keep my mind on anything for very long.

3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

0 I am no more tired or fatigued than usual.

1 I get more tired or fatigued more easily than usual.

2 I am too tired or fatigued to do a lot of the things I used to do.

3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

0 I have not noticed any recent change in my interest in sex.

1 I am less interested in sex than I used to be.

2 I am much less interested in sex now.

3 I have lost interest in sex completely.

15 16 17 18 19 20 A B C D E

_____ Subtotal Page 2

_____ Subtotal Page 1

_____ Total Score

APPENDIX E

Rosenberg Self-Esteem Scale

Rosenberg Self Esteem Scale (Rosenberg, 1989). The scale is a ten item Likert scale with items answered on a four point scale – from strongly agree to strongly disagree. ***Instructions:*** Below is a list of statements dealing with your general feelings about yourself. If you strongly agree circle **SA.** If you agree with the statement, circle **A.** If you disagree, circle **D.** If you strongly disagree, circle **SD.**

1.	On the whole, I Am satisfied with myself	SA	A	D	SD
2.	At times, I think I am no good at all.	SA	A	D	SD
3.	I feel that I have a number of good qualities.	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.	I feel I do not have much to be proud of.	SA	A	D	SD
6.	I certainly feel useless at times	SA	A	D	SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.	I wish I could have more respect for myself.	SA	A	D	SD
9.	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10.	I take a positive attitude toward myself	SA	A	D	SD

Rosenberg, M. (1989). *Society and the adolescent self-image*. Revised edition, Middletown, CT: Wesleyan University Press.

APPENDIX F

Crandell Cognitions Inventory

Crandell Cognitions Inventory ©

In this list of statements below, you may find some statements which almost always come into your mind and other statements which almost never occur to you. Read each statement carefully and try to decide how often you think this thought or a thought similar to it. Some of the statements may not be your exact thought but may be very similar to your thought. Also try to answer the question, "How frequently do I think this thought or a thought similar to it?" NOT "Is this statement true for me?"

When you have decided how frequently you think a certain thought, put a mark in the appropriate space next to the thought to indicate how often you think that thought:
(a) Almost Never (b) Seldom (c) Sometimes (d) Frequently (e) Almost Always

For example, if you almost always think the thought, place a mark in the space under the column labeled Almost Always next to that thought. If you almost never think the thought, place a mark in the space under the column labeled Almost Never next to that thought.

Remember to indicate how frequently you think this thought or a thought similar to it, NOT to indicate if the statement is true for you.

	Almost Never	Seldom	Sometimes	Frequently	Almost Always
1. I'm just a nobody.	○	○	○	○	○
2. I feel so full of energy.	○	○	○	○	○
3. I'll never feel good again.	○	○	○	○	○
4. I sure have wasted the opportunities in my life.	○	○	○	○	○
5. I don't know what I should do.	○	○	○	○	○
6. I'm always letting myself down.	○	○	○	○	○
7. Some people really care about me.	○	○	○	○	○
8. I've made such a mess of my life.	○	○	○	○	○
9. What a great day to be alive.	○	○	○	○	○
10. Nothing ever works out for me anymore.	○	○	○	○	○
11. Things really look hopeless.	○	○	○	○	○
12. Why can't I be happy?	○	○	○	○	○
13. It all seems so useless.	○	○	○	○	○
14. There's just so much to live for.	○	○	○	○	○
15. I just don't cut it.	○	○	○	○	○
16. I sure am bored.	○	○	○	○	○
17. My life is so confused, I'll never straighten it out.	○	○	○	○	○

Please go on to the next page

	Almost Never	Seldom	Sometimes	Frequently	Almost Always
18. I'm a burden to my family.	○	○	○	○	○
19. People like me when they get to know me.	○	○	○	○	○
20. I'll never be happy with myself.	○	○	○	○	○
21. I'm glad I was born.	○	○	○	○	○
22. There's no way out of this mess.	○	○	○	○	○
23. I don't seem to have energy to get through the day.	○	○	○	○	○
24. I really can't do what's expected of me.	○	○	○	○	○
25. I have such good friends.	○	○	○	○	○
26. No one can know how alone I feel.	○	○	○	○	○
27. I'll never do as well as others.	○	○	○	○	○
28. Everything I do is a failure.	○	○	○	○	○
29. I don't even feel like going out of the house.	○	○	○	○	○
30. I'm a real disappointment to my family.	○	○	○	○	○
31. I'm somebody special.	○	○	○	○	○
32. I feel so detached; I just can't communicate.	○	○	○	○	○
33. I mess everything up.	○	○	○	○	○
34. I'm happy with myself.	○	○	○	○	○
35. I know what I should do, but I just can't do it.	○	○	○	○	○
36. Nothing's ever going to work out for me.	○	○	○	○	○
37. I feel trapped.	○	○	○	○	○
38. Daytimes are bad, but nighttimes are terrible.	○	○	○	○	○
39. I just wish it would be all over.	○	○	○	○	○
40. I know people enjoy being with me.	○	○	○	○	○
41. Nothing seems exciting anymore.	○	○	○	○	○
42. I'm really a good person.	○	○	○	○	○
43. I wish people would just leave me alone.	○	○	○	○	○
44. Nobody cares about me.	○	○	○	○	○
45. I feel so helpless.	○	○	○	○	○

APPENDIX G

E-mail, Dr. Crandell, Permission to use Crandell Cognitions Inventory

Linda Forbes

From: "Cathy J. Crandell" <ccrandell@core.com>
To: "Linda Forbes" <dforbes@wavewls.com>
Sent: Saturday, September 03, 2005 8:36 PM
Subject: Re: Crandell Cognitions Inventory

Dear Ms. Forbes:
I would be delighted for you to use the CCI in your research. I can send you a copy of the test as well as the scoring information. Feel free to call me. My office telephone is 414 271-5577.
Sincerely,
Cathy Crandell

> Dear Dr. Crandell:
> I am a graduate student in the MSN program at Pittsburg State University in Pittsburg, Kansas in the Family Nurse Practitioner track. For my master's thesis, I will be conducting a study on negative thinking, and I would like to use the Crandell Cognitions Inventory as one of the assessment tools.
> If it is alright with you, I would like to contact you by phone to discuss the CCI, and it's potential use in my research study. I appreciate your help.
>
> Sincerely,
> Linda Forbes
> 620-328-2422
> dforbes@wavewls.com
>

--
CoreComm Webmail.
http://home.core.com

9/21/2005

APPENDIX H

Personal Note from Dr. Crandell

BEHAVIORAL CONSULTANTS, INC.

CATHY J. CRANDELL, Ph.D.
KENNETH H. SMAIL, Ph.D., Diplomate
American Board of Forensic Psychology

CONSULTANTS
WILLIAM J. CROWLEY, M.D.
DEBORAH L. COLLINS, Psy.D.
DIANNE M. SMITH, LCSW

1428 NORTH FARWELL AVENUE
MILWAUKEE, WISCONSIN 53202
TELEPHONE (414) 271-5577
FAX (414) 271-6667

September 6

Dear Linda,

It was good to speak with you today and to hear about your research proposal as well as the people you work with. Good luck with your project and I will look forward to your findings.

Sincerely,

Cathy Crandell

APPENDIX I

Referral Letter

(Date)

Linda Forbes, RN, BSN

111 Hickory

Mound Valley, Kansas 67345

620-328-2422

(Name of Individual and/or Agency):

As a graduate student in the Nursing Department of Pittsburg State University, I am conducting a research study titled: *"Is Negative Thinking Related to Low Self-Esteem and Depression in Low-Income Single Mothers in Labette County, Kansas?"* Depressive symptoms in low-income single mothers have been shown to interfere with parenting and participation in educational and employment opportunities, and significantly undermine the quality of life in their families.

The purpose of my research study is to determine whether negative thinking is related to self-esteem and depression. Since having a positive outlook is significantly associated with less negative mental symptoms and is significantly associated with greater life satisfaction, understanding the effect of negative thinking on single mothers' mental health is important.

The research involves administering the Beck Depression Inventory, the Crandell Cognitions Inventory, and the Rosenberg Self-Esteem Scale to single mothers in Labette County, Kansas. I will also have the mothers fill out a personal and demographic characteristics questionnaire.

I have enclosed a copy of the informed consent, pre-interview questions, demographics questionnaire, the Beck Depression Inventory, the Crandell Cognitions Inventory, and the Rosenberg Self-Esteem Scale that will be used in the study. I am requesting your support in locating individuals that willing to be included in the study. These individuals should be contacted for interview permission prior to my contacting them.

I will follow this letter with a telephone call and greatly appreciate any assistance you can provide as I complete my graduate education. Thank you for your support.

Sincerely,

Linda Forbes, RN, BSN

APPENDIX J

Thank-You Letter to Dr. Crandell

September 18, 2005

Mrs. Linda Forbes

111 Hickory

Mound Valley, Kansas 67354

Cathy J. Crandell, Ph.D

1428 N. Farwell Avenue, Suite 210

Milwaukee, Wisconsin 53202

Dear Dr. Crandell:

Thank you for giving me permission to use the Crandell Cognitions Inventory in my thesis study, *"Is Negative Thinking Related to Low Self-Esteem and Depression in Low-Income Single Mothers in Labette County, Kansas?"*

I will be in touch concerning the research findings. Your kindness is most appreciated.

Sincerely,

Linda Forbes, RN BSN

APPENDIX K

Thank You Letter to The Morris Rosenberg Foundation

September 18, 2005

Mrs. Linda Forbes

111 Hickory

Mound Valley, Kansas 67354

The Morris Rosenberg Foundation

Department of Sociology

University of Maryland

2112 Art/Sociology Building

College Park, Maryland 20742-1315

Dear Morris Rosenberg Foundation:

Thank you for allowing the use of the Rosenberg Self-Esteem Scale (RSE) without explicit permission. I will be using the RSE as one of the tools in a research study I will be conducting titled, *"Is Negative Thinking Related to Low Self-Esteem and Depression in Low-Income Single Mothers in Labette County, Kansas?"* Again, thank-you for the use of the RSE.

Sincerely,

Linda Forbes, RN BSN

APPENDIX L

Participant Thank You Letter

(Date)

Linda Forbes, RN, BSN

111 Hickory

Mound Valley, Kansas 67345

620-328-2422

Dear (Participant):

Thank you for your participation in my research thesis, *"Is Negative Thinking Related to Low Self-Esteem and Depression in Low-Income Single Mothers in Labette County, Kansas?"* This study was part of the requirements for completion of my Master's Degree in Nursing from the Nursing Department, School of Arts and Sciences, Pittsburg State University at Pittsburg Kansas.

Findings from this study can be used to further nursing's understanding of how negative thinking effects depression in low-income single mothers in Labette County, Kansas. This will help nurses plan care and programs that can help alleviate the suffering that results from negative thinking and depression. Thank you so much for your cooperation in this study.

Sincerely,

Linda Forbes, RN, BSN

APPENDIX M

Referring Agency or Individual Thank You Letter

(Date)

Linda Forbes, RN, BSN

111 Hickory

Mound Valley, Kansas 67345

620-328-2422

(Name of Individual and/or Agency Address)

(Name of Individual and/or Agency):

Thank you for your interest and assistance in locating the individuals that participated in my research study titled, *"Is Negative Thinking Related to Low Self-Esteem and Depression in Low-Income Single Mothers in Labette County, Kansas?"* This study was part of the requirements for completion of my master's degree in nursing from the Department of Nursing, School of Arts and Sciences, Pittsburg State University at Pittsburg, Kansas.

Findings from studies such as this one can be used to further nursing's understanding of the effects of negative thinking on depression in low-income single mothers in Labette County, Kansas. This will help nurses plan care and programs that can help alleviate the suffering of low-income single mothers that results from negative thinking and depression. Thank you so much for your cooperation.

Sincerely,

Linda Forbes, RN, BSN

APPENDIX N

The Committee for the Protection of Human Research Subjects Approval Letter

Pittsburg State University

CONTINUING AND GRADUATE STUDIES

November 14, 2005

Linda Forbes
111 Hickory
Mound Valley, KS 67354

Dear Ms. Forbes:

The Committee for the Protection of Human Research Subjects has completed its review of your research proposal entitled: "Is Negative Thinking Related to Low Self-Esteem and Depression in Low-Income Single Mothers in Labette County, Kansas." Your proposal has been approved.

Congratulations on your efforts to conduct research, in addition to your other considerable responsibilities. If I can ever be of help, please do not hesitate to call me at ext. 4179.

Sincerely,

Peggy J. Snyder

Peggy J. Snyder, Dean
Office of Continuing and Graduate Studies

PJS: hdd